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(Business Entity Name)

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AUG 22 2018

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AUG 21 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 21, 2018

CHRISTINA CALDWELL
183 PINE KNOLL CT
CASSELBERRY, FL 32707

SUBJECT: HEARTS OF MERCY, LLC
Ref. Number: W18000070968

We have received your document for HEARTS OF MERCY, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A corporation may not serve as its own registered agent. Please designate an individual or another active entity filed or registered with this office, having a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page
Regulatory Specialist II

Letter Number: 918A00016075

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Hearts of Mercy, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

2018 AUG 21 AM 10:51

RECEIVED

FROM: CHRISTINA CALDWELL
Name (Printed or typed)

183 Pine Knoll Ct.
Address

Casselberry, FL 32707
City, State & Zip

571-733-1769
Daytime Telephone number

CHRISTINA.CALDWELL24@yahoo.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S.. (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

Heart of Mercy, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

183 Pine Knoll Ct.
Casselberry, FL 32707

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

I would like to give
back to the community i.e. HIV/AIDS,
breast cancer, domestic violence, sexual
abuse, child abuse, rape, homelessness
and mental illness. These causes are
very clear to me
(non-profit)

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

As
stated in the by-laws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

CHRISTINA Caldwell, FOUNDER

Name and Title:

Address:

183 Pine Knoll Ct.
Casselberry, FL 32707

Address:

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 AUG 21 AM 11:05

FILED

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name:

Christina Caldwell

Address:

183 Pine Knoll Ct
Casselberry, FL 32707**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

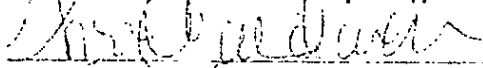
Name:

Christina Caldwell

Address:

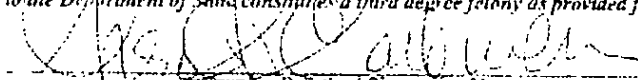
183 Pine Knoll Ct
Casselberry, FL 32707**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 8/21/2018 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.*

Required Signature of Registered Agent

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature of Incorporator

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OUR MISSION

Our mission here at Hearts of Mercy (HOM) is to connect with men, women, and children who have been affected directly or indirectly by ***HIV/Aids, Cancer, Mental Illness, Homelessness, and Domestic Violence***. We understand here at HOM that when adversity rears its ugly head there's no time to worry about the little things. WE HAVE YOU!

Our primary goal is to relieve you of some of your everyday little stresses through faith, understanding, and to act as an anchoring presence. We will always hold a space for others who choose to reveal their broken pieces; as they are discovering the power of grace; all while standing in their most authentic truth and unravelling into their best selves.

At HOM we encourage and support these individuals through their triumphs, hardships and everything in between. We promise to always inspire others through a quiet inner strength. There's just one thing we ask all of our HOM ***heartbeats*** to remember "***When LIFE gets too hard to stand, KNEEL.***"

Thank you for trusting us with your ***heartbeats***!

****Hearts of Mercy is also a PROUD sponsor of our US Military****