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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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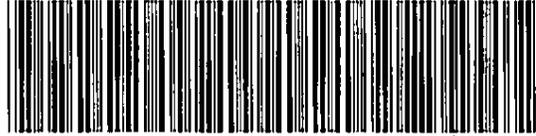
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

**COVER LETTER**

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

SUBJECT: Heart-To-Heart All Creatures Ministry, 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**

FROM: Rev Margie Schneider RSD  
Name (Printed or typed)

420 S.E. Downing Drive  
Address

High Springs, FL 32643  
City, State & Zip

386-454-2509  
Daytime Telephone number

dancingdolphins64@gmail.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-To-Heart ALL Creatures ministry, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
420 S.E. Downing Drive  
High Springs, FL 32643

Mailing address, if different is:

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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
To provide services and support for both humans and non-humans alike who are in need of these services / support. This would include things like grief support, celebration services, weddings, burials, and funerals.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:  
volunteer and agreement by officers / directors

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>Rev. Margie Schneider-RSD,</u> <u>President</u>	Name and Title:	<u>Mikie Schneider</u> <u>(Vice-President)</u>
Address	<u>420 S.E. Downing Dr.</u> <u>High Springs, FL 32643</u>	Address:	<u>420 S.E. Downing Drive</u> <u>High Springs, FL 32643</u>

Name and Title:	<u>Heather Schneider</u> <u>Treasurer</u>	Name and Title:	<u>Barbi J Stowe-Ranieri</u> <u>(Secretary)</u>
Address	<u>420 S.E. Downing Dr.</u> <u>High Springs, FL 32643</u>	Address:	<u>245 Hillside Ave.</u> <u>Syracuse, NY 13206</u>

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
_____	_____	_____	_____

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Mike Schneider  
Address: 420 S.E. Downing Drive  
High Springs, FL 32643

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Rev. Margie Schneider RSD  
Address: 420 S.E. Downing Drive  
High Springs, FL 32643

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (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*

Mike Schneider  
Required Signature of Registered Agent

3-26-2019  
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.*

Rev. Margie Schneider RSD  
Required Signature of Incorporator

3-26-2019  
Date