

N19000013036

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

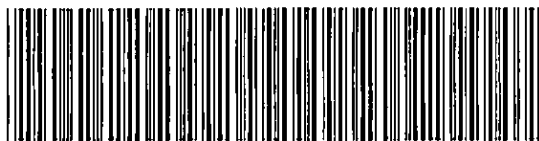
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 DEC 27 PM 12:38

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20 DEC 27 3:42:30

COVER LETTER

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

SUBJECT: Pumper The Heart Corporation
(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: Adrian Barber
Name (Printed or typed)

P.O. Box 6464
Address

Tallahassee FL 32314-6464
City, State & Zip

(850)
Daytime Telephone number

a.adrian.barber36@hotmail.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:

Pamper The Heart Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address:

2800 S. Adams St. #6464

Mailing address, if different is:

2800 S. Adams St. #6464

Tallahassee, FL 32301-9998

Tallahassee, FL 32301-9998

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Pamper The Heart is committed to serving

the community needs. we are dedicated to helping people in

need of pampers & wipes to ensure that their baby's essential

needs are met. Pamper The Heart will host events to give back

to the community, and to mothers twice a year at the hospital.

Pamper The Heart goal is to eventually team up with the local

hospitals, and give and welcome families and their newborn with a gift

basket of baby essential everyday needs & baby items.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

as provided in the bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

African Barber - Director

Name and Title:

Harold Barber II - co-director

Address:

P.O. Box 6464

Address:

P.O. Box 6464

Tallahassee, FL 32314-6464

Tallahassee, FL 32314-6464

Name and Title:

NA

Name and Title:

NA

Address:

Address:

Name and Title:

NA

Name and Title:

NA

Address:

Address:

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TALLAHASSEE, FL

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Adrian Barber
Address: 2800 S. Adams St #6446
Tallahassee, FL 32301-9998

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TALLAHASSEE, FL
STATE OF FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Adrian Barber
Address: 2800 S. Adams St #6464
Tall, FL 32301-9998

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 12/27/19 (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

Adrian Barber
Required Signature of Registered Agent

12/27/2019
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.

Adrian Barber
Required Signature of Incorporator

12/27/19
Date