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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

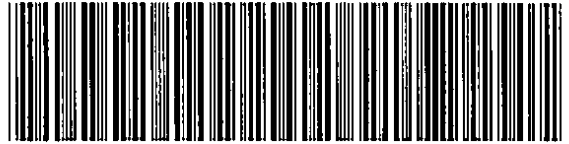
(Business Entity Name)

(Document Number)

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## COVER LETTER

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

**SUBJECT:** Changing Hands and Hearts, 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:** Angela Flock

\_\_\_\_\_  
Name (Printed or typed)

615 10th Place South

\_\_\_\_\_  
Address

Jacksonville Beach, FL 32250

\_\_\_\_\_  
City, State & Zip

321-446-8933

\_\_\_\_\_  
Daytime Telephone number

CHAHJax@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: Changing Hands and Hearts, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
615 10th Place South

Jacksonville Beach, FL 32250

Mailing address, if different is:

PO Box 50116

Jacksonville Beach, FL 32240

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The corporation is organized exclusively for charitable, religious, educational,  
and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt

organizations under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

It is the mission of Changing Hands and Hearts, Inc. to provide a platform for the donation of goods by the community to local  
nonprofit organizations.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:  
As provided for in the bylaws.

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

Name and Title: Angela Flock, Director

Address: 615 10th Place South  
Jacksonville Beach, FL 32250

Name and Title: Jacquelyn Mikulski, Director

Address: 205 East Frances Avenue  
Unit 1

Tampa, FL 33602

Name and Title: William Flournoy, Director

Address: 1818 10th Street N.  
Jacksonville Beach, FL 32250

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

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

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

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

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

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

**ARTICLE VII DISSOLUTION OF ASSETS**

Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future Federal tax code. Any assets not so disposed shall be disposed of by a court of competent jurisdiction of the county in which the principal office of the corporation is located. Disposal shall be made exclusively for exempt or public purposes, or be made to such organization or organizations as the court shall determine to be organized exclusively for such purposes.

**ARTICLE VI REGISTERED AGENT**

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

Name: Angela Flock  
Address: 615 10th Place South  
Jacksonville Beach, FL 32250

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Angela Flock  
Address: 615 10th Place South  
Jacksonville Beach, FL 32250

**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*

Angela Flock 03/14/2020  
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.*

Angela Flock 03/14/2020  
Required Signature of Incorporator Date

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

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

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

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

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

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

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03/14/2020  
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Angela Flock  
Required Signature of Incorporator

03/14/2020  
Date