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COVER LETTER⁵

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

Changing Hands and Hearts, Inc. SUBJECT:

$(PROPOSED\ CORPORATE\ NAME-\underline{MUST\ INCLUDE\ SUFFIX})$

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)		
LKOM			
	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 The name of th	NAME Changing Hands ecorporation shall be:	and Hearts, Inc.	
ARTICLE II	PRINCIPAL OFFICE		
615.1	Principal <u>street</u> address: 0th Place South	PO E	Mailing address, if different is: 30x 50116
Jacks	onville Beach, FL 32250	Jack	sonville Beach, FI, 32240
and scientific organizations	purposes, including, for such purposes, under section 501(c)(3) of the Internal I on of Changing Hands and Hearts. Inc. t	the making of distrib	rganized exclusively for charitable, religious, educational, outions to organizations that qualify as exempt corresponding section of any future federal tax code. for the donation of goods by the community to local
·	or in the bylaws.		ectors are elected and appointed:
Name and Title Address	Angela Flock, Director 615-10th Place South Jacksonville Beach, FL 32250		Jacquelyn Mikulski, Director 205 East Frances Avenue Unit 1 Tampa, FL 33602
Name and Title Address	1818 10th Street N	Name and Title Address:	e:
Name and Title Address	e:	Name and Title	e:

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.

The <u>name and</u>	Florida street address (P.O. Box NOT acceptable) of the regis	iered agent is:
Name:	Angela Flock	
Address:	615 10th Place South	
	Jacksonville Beach, Ft. 32250	
	INCORPORATOR	
The <u>name and</u>	address of the Incorporator is:	
Name:	Angela Flock	
Address:	615 10th Place South	
	Jacksonville Beach, FL 32250	
<u>ARTICLE VII</u>	<u> I EFFECTIVE DATE:</u>	
	if other than the date of filing:	
(II an effective	e date is listed, the date must be specific and cannot be mor	e than five days prior or 90 days after the filing.)
	ate inserted in this block does not meet the applicable statutory fective date on the Department of State's records.	filing requirements, this date will not be listed as the
Having been n certificate, I an	named as registered agent to accept service of process for the infamiliar with and accept the appointment as registered agent	rabove stated corporation at the place designated in this and agree to act in this capacity
(Required Signature of Registered Agent	03/14/2020
	O Required Signature of Registered Agent	Date
l submit this do the Departmen	ocument and affirm that the facts stated herein are true. I am a at of State constitutes a third degree felony as provided for in s.8	ware that any false information submitted in a document to 317.155, F.S.
	Ch J Lack Required Signature of Incorporator	03/14/2020
	WINCE PLUCE	0,414,2020

COVER LETTER

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

Changing Ha BJECT:	nds and Hearts, Inc.		
<i></i>	(PROPOSED CORP	ORATE NAME - <u>MUST INC</u>	CLUDE SUFFIX)
closed is an original a	nd one (1) copy of the Ar	ticles of Incorporation and	a check for:
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Centified Copy	■ \$87.50 Filing Fee, Certified Copy & Certificate
		ADDITIONAL CO	PY REQUIRED
FROM:	Angela Flock		
	Name (Printed or typed)		
	615 10th Place South		
		Address	···
	Jacksonville Beach, FL 3225	60	

321-446-8933

CHAHJax@gmail.com

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

E-mail address: (to be used for future annual report notification)

City, State & Zip

Daytime Telephone number

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

The name of	The corporation shall be: Changing Hands	******		
<u>ARTICLE I</u>	I PRINCIPAL OFFICE			
	Principal street address:		Mailing address, if different is:	
615	5 10th Place South		Box 50116	
Jac	eksonville Beach, FL 32250	Jack	csonville Beach, FL 32240	_
The purpose			organized exclusively for charitable, religious, education butions to organizations that qualify as exempt	onal
organization	ns under section 501(c)(3) of the Internal	Revenue Code, or the	corresponding section of any future federal tax code.	
			for the donation of goods by the community to local	
nonprofit or	ganizations.	··		
		· · · · · · · · · · · · · · · · · · ·		
ARTICLE I	for in the bylaws.		rectors are elected and appointed:	
As provided	d for in the bylaws. /i INITIAL OFFICERS AND/OR DIR	<u>ECTORS</u>	Jorganahan Mikudeki Diractor	-
As provided	for in the bylaws.		Jorganahan Mikudeki Diractor	-
As provided ARTICLE V Name and T	d for in the bylaws. /i INITIAL OFFICERS AND/OR DIR itle: Angela Flock, Director	ECTORS Name and Title	Jacquelyn Mikulski, Director	-
As provided ARTICLE V Name and T	itle: Angela Flock, Director 615 10th Place South	ECTORS Name and Title	e: 205 East Frances Avenue	-
As provided ARTICLE V Name and T	itle: Angela Flock, Director 615 10th Place South Jacksonville Beach, FL 32250	ECTORS Name and Titl Address:	Unit 1 Tampa, FL 33602	
As provided ARTICLE V Name and Ti Address	d for in the bylaws. INITIAL OFFICERS AND/OR DIR itle: Angela Flock, Director 615 10th Place South Jacksonville Beach, FL 32250 itle: William Flournoy, Director 1818 10th Street N.	ECTORS Name and Titl Address:	e: Jacquelyn Mikulski, Director 205 East Frances Avenue Unit 1 Tampa, FL 33602	-
As provided ARTICLE V Name and Ti Address	d for in the bylaws. INITIAL OFFICERS AND/OR DIR itle: Angela Flock, Director 615 10th Place South Jacksonville Beach, FL 32250 itle: William Flournoy, Director 1818 10th Street N.	ECTORS Name and Title Address: Name and Title	Unit 1 Tampa, FL 33602	-
As provided ARTICLE V Name and Ti Address Name and Ti Address	d for in the bylaws. INITIAL OFFICERS AND/OR DIR Angela Flock, Director 615 10th Place South Jacksonville Beach, FL 32250 William Flournoy, Director 1818 10th Street N. Jacksonville Beach, FL 32250	Name and Titl Address: Name and Titl Address: Address:	e: Jacquelyn Mikulski, Director 205 East Frances Avenue Unit 1 Tampa, FL 33602	

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 re	gistered agent is:
Name:	Angela Flock	•
Address:	615 10th Place South	<u>.</u> . <u></u>
	Jacksonville Beach, FL 32250	-
	INCORPORATOR	· ·
ine <u>name and</u>	address of the Incorporator is:	
Name:	Angela Flock	C :
Address:	615 10th Place South	_,
	Jacksonville Beach, FL 32250	
Effective date, (If an effective Note: If the da	I EFFECTIVE DATE: if other than the date of filing: date is listed, the date must be specific and cannot be not the inserted in this block does not meet the applicable statut sective date on the Department of State's records.	nore than five days prior or 90 days after the filing.)
certificate, l'am	i familiar with and accept the appointment as registered age	
(My Flock Required Signature of Registered Agent	03/14/2020
	O Required Signature of Registered Agent	Date
I submit this do the Department	cument and affirm that the facts stated herein are true. I an of State constitutes a third degree felony as provided for in	aware that any false information submitted in a document to
	Con Stack Required Signature of Incorporator	03/14/2020
	Required Signature of Incorporator	Date