

N20000004071

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

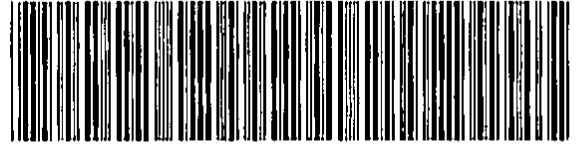
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100343141601

04/14/20--01019--012 \*\*95.50

FILED  
2020 APR 14 PM 3:16  
FALL BRASSFIELD, AL

# COVER LETTER

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

**SUBJECT:** Lisa's Heart, 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: Lisa Miletti  
\_\_\_\_\_  
Name (Printed or typed)

29048 Iris Drive  
\_\_\_\_\_  
Address

Big Pine Key, FL 33048  
\_\_\_\_\_  
City, State & Zip

305-680-9111  
\_\_\_\_\_  
Daytime Telephone number

LisaMiletti@icloud.com

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

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

FILED  
2020 APR 14 PM 3:17  
TALLAHASSEE, FL  
DIVISION OF CORPORATIONS

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

**ARTICLE I NAME**

The name of the corporation shall be: Lisa's Heart, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
29048 Iris Drive

Big Pine Key, FL 33043

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: exclusively for a charitable purpose, more specifically:  
to assist with providing food in disaster areas:

providing meals to the residents of the Florida Keys (Dare and Monroe Counties, Florida):

collection and distribution of emergency supplies (food, clothing, personal hygiene items) in disasters.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: Per Bylaws

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

Name and Title: Lisa Miletta, President/Executive Director

Address: 29048 Iris Drive

Big Pine Key, FL 33043

Name and Title: Geno Miletta, Vice President

Address: 29048 Iris Drive

Big Pine Key, FL 33043

Name and Title: Stephanie Villasuso, Board Member

Address: 31525 Avenue A

Big Pine Key, FL 33043

Name and Title: Kathleen McFadden, Board Member

Address: 152 Mohawk Street

Tavernier, FL 33070

Name and Title: Janet M. Wallace, Board Member

Address: 4501 Foxcroft Road

Greensboro, NC 27410

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

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

FILED  
2020 APR 14 PM 3:15  
CLERK OF DISTRICT COURT  
NINTH JUDICIAL CIRCUIT  
MIAMI, FLORIDA

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: Lisa Miletta  
Address: 29048 Iris Drive  
Big Pine Key, FL 33043

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

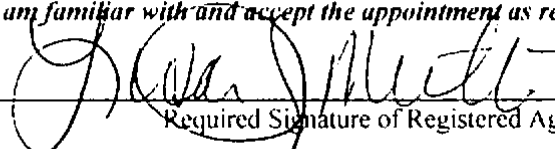
Name: Lisa Miletta  
Address: 29048 Iris Drive  
Big Pine Key, FL 33043

**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.)

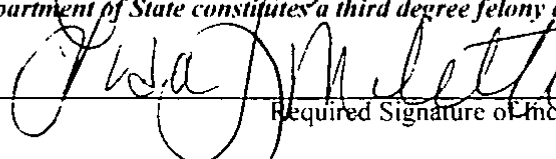
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in the certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature of Registered Agent

3/7/2020  
\_\_\_\_\_  
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

3/7/2020  
\_\_\_\_\_  
Date