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SELNETARY OF STATE

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D. O'KEEFEJUL 2 0 2022

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

ARTICLE I The name of the	NAME corporation shall be:	. MY HEART TO YOURS, INC			
<u>ARTICLE II</u>	PRINCIPAL OFFICE				
21423	Principal street address: SW 89TH PLACE		Mailing address, if different is:		
CUTL ———	ER BAY, FL 33189				
• •	r which the corporation is or	rganized is:	ON IS ORGANIZED AND OPERA ND SCIENTIFIC PURPOSES WIT		
MEANING OF	SECTION 501(C)(3) OF T	THE INTERNAL REVENUE CO	DE OR CORRESPONDING SECT	IONS OF ANY	
FUTURE TAX	CODE(S). UPON DISSO	LUTION OF THE CORPORATI	on, asses shall be distrib	UTED FOR ONE OR	
MORE EXEM	PT PURPOSES WITHIN T	THE MEANING OF SECTION (5	01)(C)(3) OF THE INTERNAL RE	EVENUE CODE, OR	
CORRESPON	DING SECTIONS OF ANY	FUTURE TAX CODE(S), OR S	SHALL BE DISTRIBUTED TO TH	IE FEDERAL	
GOVERNMEN	NT, OR TO THE STATE O	R LOCAL GOVERNMENT FOR	R A PUBLIC PURPOSE.	·	
ARTICLE IV	MANNER OF ELECTION	2N The manner in which the dire	ctors are elected and appointed:	ECTORS ARE	
			TIME OF THE ANNUAL ELECTION MEE	HING.	
ARTICLE V	INITIAL OFFICERS AN				
Name and Title	DIANN SPIVEY, PRES	Name and Title	DUVONNE MOORE, VP	<u></u>	
	21423 SW 89TH PL.	Address:	21423 SW 89TH PL.		
	CUTLER BAY, FL 33189		CUTLER BAY, FL 33189		
Address	TANGELA MCCLOUD,	SEC Name and Title	DENISE GRUBB, TREAS		
	21423 SW 89TH PL.	Address:	21423 SW 89TH PL.		
	CUTLER BAY, FL 33189		CUTLER BAY, FL 33189	2022 HAY	
Address	JOANN E. FISHER, CEO	Name and Title		HAY -5	
	21423 SW 89TH PL.	Address:		<u> </u>	
	CUTLER BAY, FL 33189			AM IO: 5	
				2 <u>-</u> 2	

Name and Title:_		Name and Title:_	-		
Address		Address:	 		
					
Name and Title:_		Name and Title:			
Address		·			
		- -			
	REGISTERED AGENT				
The name and Flo	orida street address (P.O. Box NOT acce	ptable) of the regist	ered agent is:		
Name:	JOANN E. FISHER			2022 554 TALL	
Address:	21423 SW 89TH PL.			MAY ORE I	7
	CUTLER BAY, FL 33189			2022 MAY -5 AM 10: 5 SECRETARY OF STATE FALLAHASSEE, FLORID	
				ing 🚬	IT
ARTICLE VII	<u>INCORPORATOR</u>			AM IO: OF STA E. FL OF	
	dress of the Incorporator is:				
Name:	JOANN E. FISHER			<u> </u>	
Address:	21423 SW 89TH PL.				
	CUTLER BAY, FL 33189				
Effective date, if	EFFECTIVE DATE: other than the date of filing:	·	(OPTIONAL)		
(If an effective d	ate is listed, the date must be specific a	nd cannot be mor	re than five days prior or 90	days after the fill	ing.)
	inserted in this block does not meet the a tive date on the Department of State's red		s filing requirements, this date	e will not be listed	as the
Having been nan certificate, I am f	ned as registered agent to accept service amiliar with and accept the appointment of Registere Reguired Signature of Registere	as registered agent	and agree to act in this capac	t the place designa Sity / /6 /2023	nted in this
- J	Required Signature of Registere	d Agent		Date	
the Department of	ment and affirm that the facts stated hero f State constitutes a third degree felony a:	e neovided for in e	817 155 F.C	on submitted in a d	ocument to
6/1	ann & Finder		フ .	16/2000	
- 400	ann Etisler Required Signature of Inco	orporator		Date	<u>r </u>