

N23000013167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

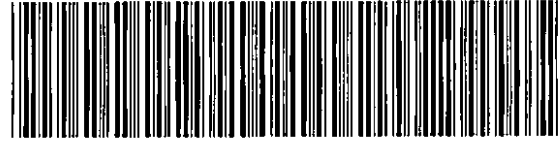
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W23000024736

02/24/23

Office Use Only



800401696508

02/06/23--01033

FILED
2023 FEB 24 PM 3:44
CLERK OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2023

ERICA ROBINSON
18964 SOUTH DIXIE HWY # 16
CUTLER BAY, FL 33157 US

SUBJECT: HAIR & CARE FROM THE HEART, INC.
Ref. Number: W23000024736

We have received your document for and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

If you have any further questions concerning your document, please call (850) 245-6052.

KAIN COSTELLO
Regulatory Specialist II
New Filing Section

Letter Number: 223A00004232

COVER LETTER

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

HAIR & CARE FROM THE HEART, INC.

SUBJECT: _____

(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: ERICA ROBINSON

Name (Printed or typed)

16123 S.W. 107th Place

Address

Miami, FL 33157

City, State & Zip

786 525-1635

Daytime Telephone number

Jointeampower@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: HAIR & CARE FROM THE HEART, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

18423 S. Dixie Hwy, suite #16
Cutler Bay, FL 33157

16123 S.W. 107th Place
Miami, FL 33157

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROMOTE CANCER AWARENESS AND HELP WOMEN MAINTAIN A POSITIVE SELF-IMAGE WHILE UNDERSTANDING CANCER TREATMENT BY PROVIDING CUSTOM HAIR PIECES IN CASES OF HAIR LOSS, AS WELL AS BEAUTY MAKE-OVERS.

Mentoring young girls between the ages of 7-18 on proper Hygiene, etiquette and self care in order to elevate self esteem.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: ELECTED

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ERICA ROBINSON - PRESIDENT

Name and Title:

Address

16123 S.W. 107th Place
Miami, FL 33157

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

FILED
2023 FEB 24 PM 3:44
SECRETARY OF STATE
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: ERICA ROBINSON
Address: 16123 SW 107th Place
Miami, FL 33157

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: ERICA ROBINSON
Address: 16123 S.W. 107th Place
Miami, FL 33157

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.



Required Signature of Registered Agent

01/05/2023
Date

FILED
2023 FEB 24 PM 3:44
SECRETARY OF STATE
FLORIDA

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

01/05/2023

Date