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To:

Division of Corporations
Fax Number : (850)205-0381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
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2005 APR -8 A 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA NON-PROFIT CORPORATION

from my heart to yours, inc.

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4-11-05

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CERTIFICATE OF INCORPORATION

OF

FROM MY HEART TO YOURS, INC.

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SECRETARY OF STATE
FLORIDA

WE, the undersigned, do hereby associate ourselves together and subscribe this Certificate of Incorporation for the purpose of forming a corporation under the laws of the State of Florida, and subject to the following provisions:

ARTICLE ONE

The name of the corporation shall be **FROM MY HEART TO YOURS, INC.**

ARTICLE TWO

The corporation is being formed and established for the purpose of providing a support network for women.

ARTICLE THREE

The corporation shall have perpetual existence.

ARTICLE FOUR

The principal office of the corporation shall be located at 8262 North Lake Forest Drive, Davie, Florida 33328.

Other offices for the transaction of business may be located wherever the Directors may deem necessary or expedient.

ARTICLE FIVE

The business of the corporation shall be managed by a Board of Directors. The number of Directors, not less than one, shall be fixed by resolution of the majority of the members at any regular or special meeting, subject to the manner of holding such meetings prescribed by the by-laws. The Officers shall be appointed by the Board of Directors.

THIS DOCUMENT PREPARED BY:
MARCIA B. CABALLERO, ESQ.
Florida Bar Number: 0778354
9192 Coral Way
Suite 201
Miami, Florida 33165
(305) 227-0727

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ARTICLE SIX

The names and post office addresses of the members of the First Board of Directors and the officers who shall hold office for the first year of existence of the corporation or until their successors are elected or appointed and have qualified, are as follows:

BOARD OF DIRECTORS

| <u>Name</u> | <u>Address</u> |
|-------------------|--|
| LUCILA C. PASCALE | 8262 North Lake Forest Drive Davie, Florida 33328 |

OFFICERS

| <u>Title</u> | <u>Name</u> | <u>Address</u> |
|----------------|-------------------|--|
| PRESIDENT | LUCILA C. PASCALE | 8262 North Lake Forest Drive Davie, Florida 33328 |
| VICE PRESIDENT | LUCILA C. PASCALE | 8262 North Lake Forest Drive Davie, Florida 33328 |
| SECRETARY | LUCILA C. PASCALE | 8262 North Lake Forest Drive Davie, Florida 33328 |
| TREASURER | LUCILA C. PASCALE | 8262 North Lake Forest Drive Davie, Florida 33328 |

ARTICLE SEVEN

The names and post office addresses of each of the subscribers to this Certificate of Incorporation are:

| <u>Name</u> | <u>Address</u> |
|-------------------|--|
| LUCILA C. PASCALE | 8262 North Lake Forest Drive Davie, Florida 33328 |

ARTICLE EIGHT

This corporation shall have full power to carry on and transact each or all of the businesses enumerated in Article Two of this Certificate and shall have all the general and additional powers now and hereafter conferred upon it by law.

ARTICLE NINE

Upon election of a Board of Directors by the members, such Board of Directors shall manage the business affairs of this corporation without the necessity of further authority from the members, except as by law or in this Certificate otherwise provided: any action of such Board of Directors may be rescinded, or any officer or director removed from office, only upon a vote of a majority of the members of the corporation.

ARTICLE TEN

The corporation does hereby designate the following address as its registered office:
8262 North Lake Forest Drive, Davie, Florida 33328.

The corporation does hereby designate LUCILA C. PASCALE whose post office address is 8262 North Lake Forest Drive, Davie, Florida 33328 as its Registered Agent.


IN WITNESS WHEREOF, the undersigned incorporators have hereunto set their hands and affixed their seals on this 25th day of March, 2005.


LUCILA C. PASCALE

STATE OF FLORIDA)
) SS:
COUNTY OF MIAMI-DADE)

The foregoing instrument was acknowledged before me this 25th day of March, 2005 by LUCILA C. PASCALE, who are personally known to me, or who presented _____, and who did (did not) take an oath.





Notary Public, State of Florida at Large
My Commission expires:
Commission Number:

TOTAL P.05

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CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE
SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM
PROCESS MAY BE SERVED.

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in
compliance with said act:

First -- That FROM MY HEART TO YOURS, INC., desiring to organize under the
Laws of the State of Florida, with its principal office, as indicated in the Articles of Incorporation
at City of Miami, County of Miami-Dade, State of Florida, has named LUCILA C. PASCALE
located at 8262 North Lake Forest Drive, City of Davie, County of Miami-Dade, State of Florida,
as its agent to accept service of process within this State.

ACKNOWLEDGMENT: (Must be signed by Designated Agent)

Having been named to accept service of process for the above stated corporation, at
place designated in this Certificate, I hereby accept to act in this capacity, and agree to comply with
the provision of said Act relative to keeping open said office.


LUCILA C. PASCALE
Registered Agent

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2005 APR - 8 A 8:25
CLERK OF COURT
JULIA ROBERTSON
TALLAHASSEE, FLORIDA

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