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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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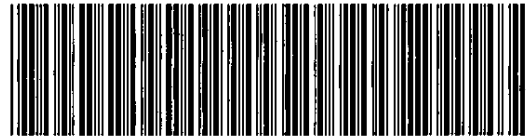
(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2011 JUL 18 PM 2:19

JP 7/19/11

COVER LETTER

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

SUBJECT: 3 Heartbeats CPR, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of
Status
ADDITIONAL COPY REQUIRED

FROM: Kimberly Niblack

Name (Printed or typed)

709 Lakewood Ave.

Address

Tampa, FL 33613

City, State & Zip

813-265-4648

Daytime Telephone number

ksniblack@msn.com

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

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

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F.D.O.
SECRETARY OF STATE
DIVISION OF CORPORATIONS

EFFECTIVE DATE
09/05/11

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: **3 Heartbeats CPR, Inc.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
709 Lakewood Ave.
Tampa, FL 33613

Mailing address, if different is:

P.O. Box 82347
Tampa, FL 33682

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Conduct any and all lawful business for which corporations can be organized pursuant to Florida statute, including but not limited to providing CPR, First Aid and AED education, certification and training.

ARTICLE IV SHARES

The number of shares of stock is: **15,000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Kimberly Niblack, President**
Address: **709 Lakewood Ave.**
Tampa, FL 33613

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: **Kimberly Niblack**
Address: **709 Lakewood Ave.**
Tampa, FL 33613

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **Kimberly Niblack**
Address: **709 Lakewood Ave.**
Tampa, FL 33613

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

Kimberly Niblack
Required Signature/Registered Agent

July 16, 2011
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

Kimberly Niblack
Required Signature/Incorporator

July 16, 2011
Date

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Article VIII

Powers

The corporation has the power to engage in any lawful activity under the corporation code of the state of Florida, including opening and operating a bank account.

Article IX

Indemnification Powers

The corporation does indemnify any directors, officers, employees, incorporators, and shareholders of the corporation from any liability regarding the corporation and the business of the corporation, unless the person fraudulently and intentionally violated the law and/or maliciously conducted acts to damage and/or defraud the corporation, or as otherwise provided under applicable state corporate statute.

Article X

Effective Date

The existence of the corporation shall begin on September 5, 2011.