

P12000079944

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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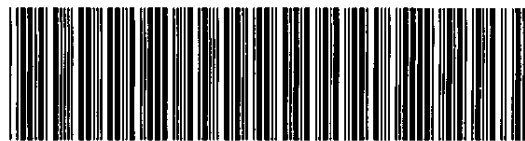
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 SEP 19 PM 1:21

9/20/12

COVER LETTER

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

SUBJECT: HEART TO HEART LEARNING CENTER, 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: LYNETTE BUTTS

Name (Printed or typed)

P.O. BOX 262

Address

SOUTH BAY, FL. 33493

City, State & Zip

561-635-9057

Daytime Telephone number

BUTTSLYNETTE@GMAIL.COM

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

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

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:

HEART TO HEART LEARNING CENTER, INC

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ARTICLE II PRINCIPAL OFFICE

Principal street address
632 CONVENANT DRIVE
BELLE GLADE, FL 33430

Mailing address, if different is: 12 SEP 19 PM 1:21
P.O. BOX 262
SOUTH BAY, FL 33493

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE QUALITY CHILDCARE FOR CHILDREN IN THE TRI-CITY COMMUNITY.

ARTICLE IV SHARES

The number of shares of stock is 3

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ARRISSA YOUNG
Address: 790 CARISSA DR
ROYAL PALM BEACH FL 33411
(PRESIDENT)

Name and Title: _____
Address: _____

Name and Title: LYNETTE BUTTS
Address: 260 SW 9TH AVE
SOUTH BAY FL 33493
(VICE-PRESIDENT)

Name and Title: _____
Address: _____

Name and Title: SHANTAY BUTTS
Address: 260 SW 9TH AVE
SOUTH BAY FL 33493
(SECRETARY)

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: LYNETTE BUTTS
Address: 260 SW 9TH AVE
SOUTH BAY FL 33493

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ARRISSA YOUNG
Address: 790 CARISSA DR
ROYAL PALM BEACH FL 33411

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

Lynette Butts
Required Signature/Registered Agent

9-17-2012
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.

Arrissa Young
Required Signature/Incorporator

Date