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COVER LETTER

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

SUBJECT: Heart & Soul Patient Advocate,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 \$\$78.75 \$\$78.75 \$\$Filing Fee & Certificate of Status

Certificate of Status

ADDITIONAL COPY REQUIRED

_տ Berth	na B. Matics
.v.	Name (Printed or typed)
463 (Oriole Lane
	Address
Jupit	er ,Fl.33458
	City, State & Zip
(561)	747-5056
	Daytime Telephone number
BMat	tics@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 607 and/or Chapter 621, F.S. (Profit)

ne name of the corpo	IME Heart & Soul F	allone / lavoodto	,
Principal office Principal street address 1095 Military Trail #2963 Upiter,Fl.33468		Mailing address, if different is: 1095 Military Trail #2963 Jupiter,Fl.33468	
			SECRETAIN ASS
RTICLE IV SI	HARES 100		PH 12: 44 SEE FLORIBA
RTICLE V II	ARES 100 of stock is: 100 ITTIAL OFFICERS AND/OR DIRECTO	ORS Name and Title:	PH 12: 44 EE FLORIBA
RTICLE V II	ITIAL OFFICERS AND/OR DIRECT		PH 12: 44 EE FLORIBA
Name and Ti	TITIAL OFFICERS AND/OR DIRECT tle: Bertha B. Matics 463 Oriole Lane	Name and Title: Address:	PH 12: 44 SEE FLORIBA
Name and T	Bertha B. Matics 463 Oriole Lane Jupiter ,F1.33458	Name and Title: Address: Name and Title:	PH 12: 44 EE FLORIBA
Name and To	HELD OFFICERS AND/OR DIRECTOR OFFICERS AND/OR	Name and Title: Address: Name and Title: Address:	PH 12: 44 EE FLORIBA

Name and Title:_ Name and Title: JUL 26 PH 12: 44 Address Address: RETARY OF STATE WHASSEE FLORIDA GRETAKY REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Bertha B. Matics Name: 463 Oriole Lane Address: Jupiter, Fl. 33458 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Bertha B. Matics Name: 463 Oriole Lane Address: Jupiter, Fl. 33458 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 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.