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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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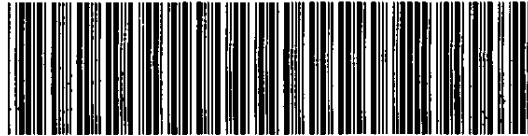
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE FLORIDA
JUL
6/2/16

COVER LETTER

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

SUBJECT: A Happy Heart Recovery, 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
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Gerard A Jolicoeur

Name (Printed or typed)

4567 Hwy 710

Address

Okeechobee, Fl. 34972

City, State & Zip

863-634-1438

Daytime Telephone number

ahappyheartrecovery@gmail.com

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

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: A Happy Heart Recovery, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

1669 Hwy 70E

Okeechobee, Fl. 34972

Mailing address, if different is:

184 NE 17th Ave

Okeechobee, Fl. 34972

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Any and All Lawful Business

ARTICLE IV SHARES

The number of shares of stock is: 1,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gerard A Jolicoeur, D, President, Treasure

Address: 4567 Hwy 710
Okeechobee, Fl. 34972

Name and Title: Nancy B. Jolicoeur, D, V President, Sec

Address: 4567 Hwy 710
Okeechobee, Fl. 34972

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Name and Title: _____

SECRETARY OF STATE
TALLAHASSEE, FL 32310
16 MAY 23 PM 5:18

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: Gerard A Jolicoeur
Address: 4567 Hwy 710
Okeechobee, Fl. 34972

ARTICLE VII INCORPORATOR

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

Name: Nancy B Jolicoeur
Address: 4567 Hwy 710
Okeechobee, Fl. 34972

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TALLAHASSEE FLORIDA

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 business days prior or 90 business 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

Gerard Jolicoeur
Required Signature/Registered Agent

5/19/16
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.

Nancy B Jolicoeur
Required Signature/Incorporator

5/19/2016
Date