F12,0000128

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number))
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only

135-W1200009449



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12 MAR 23 PM 4: 57

up 3/21/12

COVER LETTER

TO: New Filing Division of	Section Corporations		
SUBJECT:	United Youth Care Services, Inc.		
	Name of Corporation – must include suffix		
Dear Sir or Madam:			
"Certificate of Exist	cation by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in ence", or "Cerificate of Good Standing" and check are submitted to register the above relation to conduct its affairs in Florida.		
Please return all corr	respondence concerning this matter to the following:		
	Margie Jefferson		
	Name of Person		
	United Youth Care Services, Inc.		
	Firm/Company		
	1207 Fourth Street Address		
	Greensboro, NC 27405		
	City/State and Zip Code		
	margie.jefferson@gmail.com		
E	-mail address: (to be used for future annual report notification)	7	≧ഗ
For further informati	on concerning this matter, please call:	MAR 23	
Margie Je Nam	e of Person Area Code & Daytime Telephone Number	PH 4:	RY OF ST
MAILING A New Filing S Division of G P.O. Box 63 Tallahassee,	ADDRESS: STREET/COURIER ADDRESS: Section New Filing Section Corporations Division of Corporations Clifton Building	57	ATE
Enclosed is a check to	For the following amount:		
\$70.00 Filing Fed	**Second Status ** Second Status ** Second Status ** Certificate of Sta		



RECEIVEB 12 MAR 23 PM 2: 42

FLORIDA DEPARTMENT OF STATE ON OF CORFERENCES Division of Corporations

A Corrected A

February 16, 2012

DONALD BOOKER 1207 FOURTH STREET GREENSBOW, NC 27405

SUBJECT: UNITED YOUTH CARE SERVICES, INC.

Ref. Number: W12000009449

We have received your document for UNITED YOUTH CARE SERVICES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 012A00007302

12 MAR 23 PM I. 57

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

North Car	olina ntry under the law of which it is incorporated)	3. <u>20-1926506</u>	FEI number, if applicable)		_
06-10-200	• • • • • • • • • • • • • • • • • • • •	_{5.} Perpetual	· Er number, ir applicable)		
(10-200	Date of Incorporation)	(Duration: Yea	ar corp. will cease to exist or "	'perpetual")	_
Upon Regi	istration				
Date first cond	lucted affairs in Florida if prior to registration. Se	e sections 617.1501	& 617.1502, F.S, to determine	penalty liab	bility.]
1207 Four	th Street, Greensboro, NC 27405				
		office address)			_
1207 Fourt	h Stroot Groopphore NC 27405				
1207 Fourt	th Street, Greensboro, NC 27405				
		mailing address)			
		mailing address)			
To provide	(Current	,	ouse services		
To provide Purpose(s) of		d substance at	ouse services in the state of Florida)		
Purpose(s) of	(Current a broad range of mental health and corporation authorized in home state or countr	d substance at y to be carried out	in the state of Florida)	12	SIAIC
(Purpose(s) of	(Current	d substance at y to be carried out	in the state of Florida)	12 MA	
Purpose(s) of Name and <u>str</u>	(Current a broad range of mental health and corporation authorized in home state or countred address of Florida registered agent: (P.	d substance at y to be carried out	in the state of Florida)	12 MAR 2	L KUSIAIC
Purpose(s) of Name and <u>str</u>	(Current a broad range of mental health and corporation authorized in home state or countr	d substance at y to be carried out	in the state of Florida)	23	DO 30 KURSIAN
Purpose(s) of Name and <u>str</u> Name:	a broad range of mental health and corporation authorized in home state or countreet address of Florida registered agent: (P. Incorp Services, Inc.	d substance at y to be carried out	in the state of Florida)	23	TIVISH'Y OF CORP
Purpose(s) of Name and <u>str</u> Name:	(Current a broad range of mental health and corporation authorized in home state or countred address of Florida registered agent: (P.	d substance at y to be carried out	in the state of Florida)	23	TIVISION OF CORPORT
Purpose(s) of Name and <u>str</u> Name:	a broad range of mental health and corporation authorized in home state or countreet address of Florida registered agent: (P. Incorp Services, Inc.	d substance at y to be carried out	in the state of Florida)	23	TIVISITY OF CORPORATIONS
(Purpose(s) of Name and str Name:	a broad range of mental health and corporation authorized in home state or countreet address of Florida registered agent: (P. Incorp Services, Inc. 17888 67th Court North	d substance at y to be carried out O. Box NOT acc	in the state of Florida)	23	TIVISH'N OF CORPORATION

Amber Ragland on behalf of Incorp Services, Inc.

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

A. DIRECTORS

12 MAR 23 PM 4: 57 Chairman: Donald Booker Address: 1914 Amber Lane Greensboro, NC 27407 Vice Chairman: Daryl Ferguson (Muhammad) Address: 9 Woodlea Ridge Ct. Greensboro, NC 27406 Director: Address: Director: Address: **B. OFFICERS** President Donald Booker Address: 1914 Amber Lane Greensboro, NC 27407 Address: 9 Woodlea Ridge Ct. Greensboro, NC 27406 Secretary:_ Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) 14. Donald Booker, CEO/Chairman

(Typed or printed name and capacity of person signing application)



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

UNITED YOUTH CARE SERVICES

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 10th day of June, 2003, with its period of duration being Perpetual.

I FURTHER certify that the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Nonprofit Corporation Act; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

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SECKETARY OF STATE LORPORATIONS

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 10th day of February, 2012.





Scan to verify online.

Secretary of State

6 laine I Marshall

Certification# 92322733-1 Reference# 10851775- Page: 1 of 1 Verify this certificate online at www.secretary.state.nc.us/verification