N11000002667

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 3/15

COVER LETTER

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

SUBJECT: Our County, My City INC.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: Brian Mazyck
Name (Printed or typed)

1428 N.W 63 st
Address

Miami, Fl 33147
City, State & Zip

786-319-1690
Daytime Telephone number

Midnite_LDB@yahoo.com
E-mail address: (to be used for future annual report notification)

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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 4, 2011

BRIAN MAZYCK
1428 N.W. 63RD ST.
MIAMI, FL 33147

SUBJECT: OUR COUNTY, MY CITY INC.
Ref. Number: W11000012627

We have received your document for OUR COUNTY, MY CITY 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):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

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) 245-6921.

Maryanne Dickey
Regulatory Specialist II Supervisor
New Filing Section

Letter Number: 311A00005439

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

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11 MAR 15 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: Our County, My City INC.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address: 1428 N.W. 63 st, Miami, Fl 33147

Mailing address, if different: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Community based organization to reach and educate youth and young adults in the inner-city.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Appointed By C.E.O.

* Appointed by C.E.O. see attached sheet *

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Brian Mazyck - C.E.O.
Address: 749 N.W. 61 st Apt #10, Miami, Fl 33127

Name and Title: Ricelda Lopez - Secretary
Address: 1104 N.W. 43 ave. Miami, Fl 33126

Name and Title: Bridgett Daniels - President
Address: 6338 N.W. 14 ct, Miami, Fl 33147

Name and Title: Kevin Mazyck - Treasurer
Address: 749 N.W. 61 st apt #10, Miami, Fl 33127

Name and Title: Freddie Britt - V. President
Address: 15301 N.W. 31 ave, Miami gardens, Fl 33054

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: Brian Mazyck
Address: 1428 N.W. 63 st, Miami, Fl 33147

ARTICLE VII INCORPORATOR

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

Name: Brian Mazyck
Address: 1428 N.W. 63 st, Miami, Fl 33147

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

_____ 2-24-11
Required Signature of Registered Agent — Date

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

_____ 2-24-11
Required Signature of Incorporator — Date

Our County, My City Inc.

MISSION STATEMENT

Our County, My City Inc. is a Non-Profit Community based organization whose initial goal is to be an out reach and educational program. Through specially designed developmental programs, **Our County, My City Inc.** is to help prevent the youth from participating in anti-social behavior such as drugs & alcohol usage, young adults who may have dropout of school, gang participation and etc. **Our County, My City Inc.** will be able to service the youth & young adults in Liberty City & other communities surrounding the area. This organization will also provide structured educational programs, after school tutoring, positive recreational & cultural activities.

DECRIPTION OF PROGRAM

Our County, My City Inc. offers variety of services to the youth & young adults to stay active (individual or as a team), having respect for themselves & one another and also to enhance the communities' health. **Our County, My City Inc.** believes that keeping the youth and young adults off the streets will help prevent bad habits such as our youths doing criminal acts, following the crowd by using drugs & joining the neighborhood gangs. Activities and services as follows:

- Audio Production and Engineering
- Photography
- Visual Arts and Crafts
- Indoor/Outdoor Games
- Tutorial and Study Sills Program
- Mentor and Community Outreach Program
- Computer Literacy
- Swimming
- Fieldtrips
- Baseball
- Photoshop