

N12000002204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

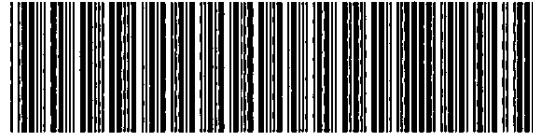
(Business Entity Name)

(Document Number)

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12 FEB 27 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch FEB 28 2012

COVER LETTER

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

SUBJECT: Giving Young Adults a Second Chance, 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: Monica Vaca

Name (Printed or typed)

11744 SW 134 Ct

Address

Miami, FL 33186

City, State & Zip

305 282 2105

11744 SW 134 Ct Telephone number

mvaca@msn.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 617, F.S., (Not for Profit)

ARTICLE I NAME Giving Young Adults a Second Chance, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
11744 SW 134 Ct
Miami, FL 33186

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To raise funds to help young adults, ages 18 years to 25 years, who have been diagnosed with a psychiatric disorder, pay for programs that offer clinical therapy, life management skills, financial and educational coaching.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

Directors will be elected and appointed by the Board of Directors at an annual meeting.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Monica Vaca, President
Address: 11744 SW 134 Ct
Miami, FL 33131

Name and Title: Carolina Rodriguez, Vice-President
Address: 10253 SW 156 Ave
Miami, FL 33196

Name and Title: Sandra Herdocia, Secretary
Address: 16352 SW 54 Terr
Miami, FL 33185

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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: Monica Vaca
Address: 11744 SW 134 Ct
Miami, FL 33186

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Monica Vaca
Address: 11744 SW 134 Ct
Miami, FL 33186

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


Required Signature of Registered Agent

2/21/12
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.


Required Signature of Incorporator

2/21/12
Date

FILED
12 FEB 27 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FL 32399