F0100000622

TO:

Qualification/Registration Section

TRANSMITTAL LETTER

Division of Corporations	<i>></i>	
SUBJECT: Jan Your	4 /	
(Name o	th Connection of Corporation)	
Dear Sir or Madam:	•	
The enclosed "Application by Foreign Not for its Affairs in Florida", "Certificate of Existent referenced not for months as a section of the company of the	ce", and check are submitted:	orization to Conduct to register the above
referenced not for profit corporation to condu	cts its affairs in Florida.	,
Please return all correspondence concerning to	his matter to the following:	
	_	
DENISE Smith (Name	500	003617716
(Name	of Person)	*******/8.75 ******78.75
JAM Youth	Corner	
JAM Youth (Firm)	Company)	
2 -		
2507 Sheerdan	STREET # 1	18
,	,	—
Holly wood FL (City, State	3302 2	SEC SEC
(City, State	and Zip Code)	FILED METARY OF STATE AHASSEE, FLORING
		- 13
For further information concerning this matter	, please call:	
	-	
(Name of Person)	t (954) 968	
•	Area Code & Daytime Tele	phone Number
STREET ADDRESS: Qualification/Tax Lien Section	MAILING ADDRESS	inth
Division of Corporations	Qualification/Tax Lien Division of Corporation	Section 2/1
409 E. Gaines St. Tallahassee, FL 32399	P. O. Box 6327	211
	Tallahassee, FL 32314	
Enclosed is a check for the following amount:		
□ \$70.00 Filing Fee ⑤ \$78.75 Filing Fee &		 ,
Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

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:

1:	J.A. M	Touth	Conne	7.00. 7	~ . -				
abbrevia	ations of like in propartnership if	must include the vaport in language a not so contained in proportion	vord "INCORP(as will clearly in in the name at r	ORATED" o	r "CORPORA"		4 1		
2. (State o	_	the law of which	-	6	<i>S- 0714</i> (FEI number, i:	675 f applicable)		 .	
	/ 3 9 8 f Incorporation)			·(Duration	: Year corp. w				
6	ANVARY	2000 first conducted A		perperua	1")	_			
20	o sconona or,	heardas 37	uu 017.133, F.S	.)					
		/ FC (Current i				.		-	
		æ:			4 4				
(Purpose	(s) of corporation	on authorized in ho	ome state or cou	intry to be ca	arried out in the	e state of Flor	ida)	- .	-
	ınd street ad	dress of Florid	la registered	agent:	 .	TALLAH	NF 00	-11	· -
		L) ENISTE	(Name)				N3 P		
_	2	n authorized in ho	Office addre	Treet ess)	# 118	TLOSIDA	91 :: 18	<u> </u>	-
	130119	(City)		, Florida,_	330.2-3 (Zip	Code)	<u>.</u> .		National Control of the Control of t

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

incorporated. 12. Names and addresses of officers and/or directors: (Street address only- P. O. Box NOT acceptable) A. DIRECTORS (Street address only- P. O. Box NOT acceptable) Chairman: Address: Vice Chairman: Address: Director: Address: Director: Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: Address: 9th AVE # 2F Vice President: S fam, el CREST MARK Blod Springe GA 30122 water Ford Play Lithia Springs GA Treasurer: Address: 1195 wood land ALE # BZ ATLATA GA 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) Smith President / ceo
(Typed or printed name and capacity of person signing application)

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

Secretary of State

-Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 DOCKET NUMBER : 010190459
CONTROL NUMBER : K819273
DATE INC/AUTH/FILED: 05/04/1998
UURISDICTION : GEORGIA
PRINT DATE : 01/19/2001

FORM NUMBER : 211

J.A.M. YOUTH CONNECTION, INC. 2507 SHERIDAN ST. #118 HOLLYWOOD, FL 33020

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

J.A.M YOUTH CONNECTION, INC. A DOMESTIC NONPROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the abovenamed entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Cathy Cox Secretary of State