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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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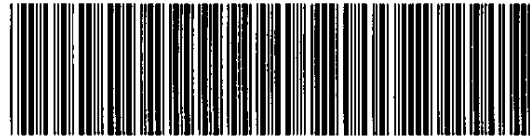
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10 DEC 27 PM 11:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PS 1/19/11

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Youth and Family Services Network, Inc.  
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Good Standing" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Sherry L. Allen

Name of Person

Youth and Family Services Network, Inc.

Firm/Company

28331 S. Tamiami Trail

Unit 3

Address

Bonita Springs, FL 34134

City/State and Zip Code

sherryallen@senetwork.org

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

For further information concerning this matter, please call:

Sherry L. Allen

Name of Person

at ( 239 ) 949-4414

Area Code & Daytime Telephone Number

**MAILING ADDRESS:**

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

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee    ☒ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, 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. Youth and Family Services Network, Inc.  
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. Georgia 3. 27-4332968  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 10/29/2010 5. Perpetual  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 12/20/2010  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 28331 S. Tamiami Trail, Unit 3, Bonita Springs, FL 34134  
(Principal office address)
- 28331 S. Tamiami Trail, Unit 3, Bonita Springs, FL 34134  
(Current mailing address)
8. Non-profit training and technical assistance to youth and family services organizations  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)
- Name: Sherry L. Allen
- Office Address: 28331 S. Tamiami Trail, Unit 3
- Bonita Springs, Florida 34134  
(City) (Zip Code)
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.*
- Sherry L. Allen  
(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.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: Gayle Watts

Address: 181 West Valley Ave., Suite 300  
Homewood, AL 35209

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Kevin Priest

Address: 2407 Roberts Ave.  
Tallahassee, FL 32310-8136

Director: Kathy Tuell

Address: 73 High Point Road  
Tavernier, FL 33070

**B. OFFICERS**

President: Sherry L. Allen

Address: 28331 S. Tamiami Trail, Unit 3  
Bonita Springs, FL 34134

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Sherry L. Allen  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Sherry L. Allen, President/CEO  
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE  
TALLAHASSEE, FL 32304

# STATE OF GEORGIA

## Secretary of State

Corporations Division  
315 West Tower  
#2 Martin Luther King, Jr. Dr.  
Atlanta, Georgia 30334-1530

### CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

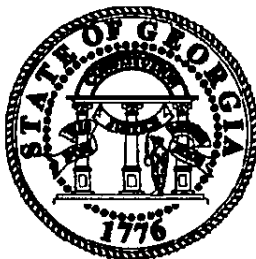
#### **YOUTH AND FAMILY SERVICES NETWORK, INC.**

##### **Domestic Non-Profit Corporation**

was formed or was authorized to transact business on 10/29/2010 in Georgia. 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 above-named 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.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 20th day of December, 2010

*B. P. Kemp*

Brian P. Kemp  
Secretary of State

SECRETARY OF STATE  
JULIA A. SHELTON

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