

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
CONTROL # HONE TO CONTROL &
DOC EXIM

Office Use Only



900196976649

03/08/11--01030--013 \*\*87.50

THE APR -5 PH 2: 08
SECRETARY OF STATE
LANGEST AREA
LANGES AREA
LANGEST AREA
LANGEST AREA
LANGEST AREA
LANGEST AREA
LANGES AREA
LANGEST AREA
LANGEST

P3 415/11

## COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: WAY PROBRAM WAY - WIDENING ADVANCEMENTS FOR Name of Corporation - must include suffix Youth
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 "Cerificate 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:
MICHELLE SARKODY Name of Person
W-A-Y WIDENING ADVANCEMENTS FOR Firm/Company YOUTH
369 MAIN ST. Address
BELLEVILLE, M1 48/11 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MICHELE SARKODY at 313 444-9292  Name of Person Area Code & Daytime Telephone Number  734) 904-5732
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:
\$\begin{array}{ c c c c c c c c c c c c c c c c c c c



March 22, 2011

Ms. Pamela Smith Regulatory Specialist II Florida Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: Letter Number 911A00005969

Dear Ms. Smith:

Enclosed you will find the requested documentation per your request. I've also enclosed our original certificate of existence with the stamp from the State of Michigan.

I trust I am sending all the required documentation in an effort to obtain our certificate of status. You have already received our payment in the amount of \$87.50 as noted in your attached letter.

If you need any additional information, please contact me at 313-444-9292 or by email at michelle@wayprogram.net.

Sincerely,

Mrs. Michelle Sarkody Business Office Manager

W-A-Y Program
369 Main Street, Belleville, MI 48111
2324 South Congress Avenue, #2G, W. Palm Beach, FL 33406
313-444-9292
wayprogram.net



## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 11, 2011

MICHELLE SARKODY W-A-Y WIDENING ADVANCEMENTS FOR YOUTH 369 MAIN ST BELLEVILLE, MI 48111

Inc.

SUBJECT: W-A-Y WIDENING ADVANCEMENTS FOR YOUTH

Ref. Number: W11000013847

We have received your document for W-A-Y WIDENING ADVANCEMENTS FOR YOUTH 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 name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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) 245-6901.

Pamela Smith Regulatory Specialist II

Letter Number: 911A00005969

www.sunbiz.org

DO DOW GOOD D 11 1

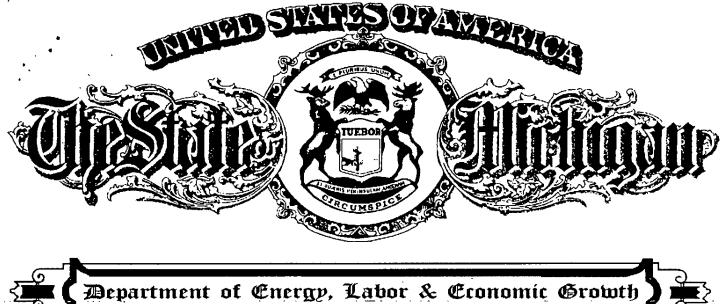
## APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

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:

(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.)	
(State or country under the law of which it is incorporated)  3. 27-33/9/22  (FEI number, if applicable)  4. 8/25/20/D  (Date of Indorporation)  5. PER P.E.TUAL  (Duration: Year corp. will cease to exist or "perpetual")	
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)  7. 369 MAIN STREET, BELLEVILLE, MI 48111  (Principal office address)	
369 MAIN STREET, BELLEVILLE, MI 48/11 (Current mailing address)	
PROVIDING SERVICES (EBUCATIONAL) TO DISTRICTS WHIGH SCHOOL AT RISK (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)	
PROVIDING SERVICES/EBUCATIONAL) TO THETRICTS WHIGH SCHOOL AT RISK (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: 6LEN TAYLOR  Office Address: 2324 South Congress Ave # 26  W. Palm Beach, Florida 33406  (City)  (Zip Code)	
Office Address: 2324 SOUTH CONGRESS AVE# 26	
(City), Florida 33400 (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	
laying been named as registered agent and to accept service of process for the above stated corporation at the place lesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. The agree of the provisions of all statutes relative to the province and complete performance of my duty and large familiar with and accept the obligations of my position as registered agent.	I

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:



Lansing, Michigan

This is to Certify That

## W-A-Y WIDENING ADVANCEMENTS FOR YOUTH

was validly incorporated on August 25, 2010, as a Michigan nonprofit corporation, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1982 PA 162, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to conduct affairs in Michigan and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit

given it in every court and office within the United States.

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 21st day of March, 2011.

**Bureau of Commercial Services** 

