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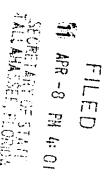
(Rec	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
		;

Office Use Only



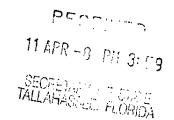
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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 24, 2011

MARCIA BROWN U-TURNS, INC. 4720 SALISBURY RD JACKSONVILLE, FL 32256

SUBJECT: U-TURNS, INC. Ref. Number: W11000016580

We have received your document for U-TURNS, 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):

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, and Inc.

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) 245-6901.

Pamela Smith Regulatory Specialist II New Filing Section

Letter Number: 511A00007110

www.sunbiz.org

COVER LETTER

TO:	New Filing Se Division of Co					
SUBĴ	ECT:		U-Turns, Inc.			
0000		Name of Corpora	ation – must include suffix			
Dear S	ir or Madam:					
"Certif	icate of Existenc	ion by Foreign Not for Proe", or "Cerificate of Good on to conduct its affairs in	Standing" and check are subm	tion to Conduct its Affairs in Florida", nitted to register the above referenced		
Please	return all corresp	condence concerning this r	matter to the following:			
			Marcia Brown	<u>,</u>		
			Name of Person			
			II Turno ino			
			U-Turns, Inc. Firm/Company			
			,			
			4720 Salisbury Rd			
			Address			
			cksonville, FL 32256			
			City/State and Zip Code			
		marcia hrown@tee	nleadersofamerica.com			
	E-m		r future annual report notificat	ion)		
		`	•	ŕ		
For fur	ther information	concerning this matter, pl	ease call:			
			t (904) 307	'-8567		
	Name o	of Person	Area Code & Daytime Tel	ephone Number		
	MAILING AD	DRESS:	STREET/CO	URIER ADDRESS:		
New Filing Section			New Filing Section			
Division of Corporations		Division of Corporations				
	P.O. Box 6327 Tallahassee, FL	20214	Clifton Buildin	ng re Center Circle		
	i alialiassee, FL	. 32314	Tallahassee, F			
Enclose	ed is a check for	the following amount:				
□ \$70	0.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee Certificate of Status & Certified Copy		

FILED .

THE APR -8 PH 4: 01

SECRETARY OF STATE

TALLAHASSEE, FLORINA

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned Marcia Brown , do hereby certify (Name)
that this Resolution of the Board of Directors of U-TURNS, INC.
(Corporate Name)
a corporation duly organized and existing under the laws of the State of Corporation,
was duly adopted on February 3, 2005.
Be it resolved, that
organized and existing in the State of CORGIA, hereby adopts the name
Teen Leaders of America, IX. for use in Florida.
Dated: 4 1 2011 March 3
Signature of either Chairman, Vice Chairman or any officer
Marcia Brown Type or print name

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

1NHS19(1/00)

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.		U-Turn	s, Inc.				
(Name of corpo	ration: must include the word age as will clearly indicate that resent. "Company" or "Co." m	"INCORPORATEI tit is a corporation ay not be used as a	O" or "CORPOR instead of a natu corporate suffix	ATION" or words or ablural person or partnership to by a nonprofit corporation.	breviations of if not so cont on.)	like tained	
2	Georgia ntry under the law of which it i	3.		20-2442876			
(State or cou	•						
4	2/3/2005 Date of Incorporation)	5	/ 5 1 1	perpetual r corp. will cease to exist		IIIX -	
(1	Date of Incorporation)		(Duration: Yea	r corp. will cease to exist	or "perpetua	I")	
6. (Date first cond	ucted affairs in Florida if prior to	o registration. See se	ctions 617.1501	& 617.1502, F.S. to deter	mine penalty i	iability.)
7	4720 Sali	sbury Rd; Jac	ksonville, FL	. 32256 .			
		(Principal off	ice address)				
	4720 Sali	sbury Rd; Jack	(sonville, FL	32256		APR -18	FILE
	•	(Current ma	iiing address)		MO	(;)	Ш
	y - .1.	4:10/4	O	_	111 01	P.Y	
8. (Purpose(s) of	Educorporation authorized in home	cational/Youtr	be carried out	n the state of Florida)	- 22	_ _	
,	eet address of Florida registe	-				02	
Name:	Marcia Brown		-				
Office Address:	4720 Salisbury Rd		_				
	Jacksonville (City)		, Florida	32256 (Zip Code)			
Having been na designated in th	agent's acceptance: med as registered agent and is application, I hereby acc comply with the provisions ar with and accept the oblig	ept the appointm of all statutes re cations of my pos	ent as register	ed agent and agree to	act in this c	apacit	v. 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: A. DIRECTORS Chairman: Address:_ Vice Chairman: Address: Director: Address: Director: Address: **B. OFFICERS** ÷ President: Marcia Brown Address: 4720 Salisbury Rd; Jacksonville, FL 32256 Vice President: Saqirah Redmond Address: PO Box 80932; Conyers, GA 30013 Secretary: Address: Treasurer: Address: 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)

(Typed or printed name and capacity of person signing application)

0510358

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

U-TURNS, INC.

Domestic Non-Profit Corporation

was formed or was authorized to transact business on 02/03/2005 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 18th day of March, 2011

B: 1.h-

Brian P. Kemp Secretary of State

Certification Number: 6941157-2 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp