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CLERK OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Young Survivors Network Outreach Ministry, 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:

Charron Walker
Name of Person

Young Survivors Network Outreach Ministry, Inc
Firm/Company

P.O. Box 6023
Address

Jacksonville, FL 32236-6023
City/State and Zip Code

ceo@youngsurvivorsnetwork.org

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

For further information concerning this matter, please call:

Charron Walker at (904) 613-7683
Name of Person Area Code & Daytime Telephone Number

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

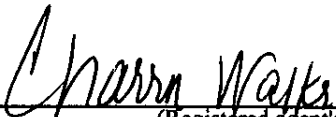
STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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. Young Survivors Network Outreach Ministry, 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. New York 3. 26-0359475
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 2006-10-13 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. N/A
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 308 Massapequa Avenue, Massapequa, NY 11758
(Principal office address)
PO Box 1137 Bellmore, NY 11710
(Current mailing address)
8. To provide a source of support and strength for young women diagnosed with breast cancer, assisting
(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: Charron Walker
Office Address: 152 Devoe St.
Jackson, Florida 32220
(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.

(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.

11 OCT 11 PM 5:04
DEPT. OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Charron Walker

Address: 152 Devoe St

Jackson, FL 32220

Vice President: Dr. Sang Song

Address: 740 Veterans Hwy Suite 203

Hauppauge, Ny 11788

Secretary: Roseann Carrara

Address: 1252 Mason Ave, Staten Island, NY 10306

Treasurer: Roseann Carrara

Address: 1252 Mason Ave, Staten Island, NY 10306

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

13. Charron Walker
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Charron Walker
(Typed or printed name and capacity of person signing application)

11 OCT 11 PM 5:04
STATE OF FLORIDA
TALLAHASSEE

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of YOUNG SURVIVORS NETWORK OUTREACH MINISTRY, INC. was filed on 10/13/2006, as a Not-for-Profit Corporation and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



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OFFICE OF THE CLERK OF THE SENATE
TALLAHASSEE, FLORIDA

11 OCT 11 PM 5:01

FILED

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 11th day of August two
thousand and eleven.*

First Deputy Secretary of State