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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:	Registration S Division of C					
CIVID I	HEY YOU	UNG WORLDS, INC.				
SUBJ	ECT:	Name of Corpora	tion – must ir	iclude suffix		
Dear S	Sir or Madam:					
Affair	s in Florida", "C	ation by Foreign Not for Pro ertificate of Existence", or " renced not for profit corpora	Certificate of	f Status" and cl	neck are submitted to	
Please	return all corre	spondence concerning this n	natter to the f	ollowing:		
	EMOR	Y HARMON				[AL
		Name	of Person			3
	HEY Y	OUNG WORLDS, INC			17 MAY 19 PM 4: 35	ALCHINA
		· Firm/	Company)
					÷ 3	-
	1057 ()	CALA ROAD			C T	Z,
	<u></u>	A	ddress	·· ·		
	TALLA	HASSEE, FL 32304				
		City/State	and Zip Code			
	HEYY	DUNGWORLD@ME.COM				
	E-	mail address: (to be used for	future annua	l report notific	ation)	
For fu	rther informatio	n concerning this matter, ple	ease call:			
EMOI	RY HARMON		850	284-3785		
	Name	of Person at	Area Code	Daytime Te	ephone Number	
	MAILING A Registration S			STREET/CO Registration S	OURIER ADDRESS:	
Division of Corporations				Division of Corporations		
	P.O. Box 6327 Tallahassee, F			Clifton Build 2661 Executi Tallahassee, I	ve Center Circle	
Enclos	ed is a check fo	r the following amount:				
57 (0.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status		Filing Fee & ed 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:

HEY YOUNG WORLDS, INC.

(Principal office address) (Current mailing address, if different) NON - PROFIT (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) EMORY HARMON Name: 1057 OCALA ROAD	(If name unava	ulable in Florida, enter alternate corporate name adopted for the purpose of transacting business	in Florida)
(State or country under the law of which it is incorporated) (Date of Incorporation) (Date of Incorporation, if other than perpetual) (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liabilities of CALA ROAD TALLAHASSEE, FL 32304 (Principal office address) (Current mailing address, if different) NON - PROFIT (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) EMORY HARMON Name: 1057 OCALA ROAD			
(Date of Incorporation) (Date of duration, if other than perpetual) (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liabilities of OCALA ROAD TALLAHASSEE, FL 32304 (Principal office address) (Current mailing address, if different) NON - PROFIT (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) EMORY HARMON Name: 1057 OCALA ROAD	(State or cou	ntry under the law of which it is incorporated) (FEI number, if applicable)	
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liabilities 1057 OCALA ROAD TALLAHASSEE, FL 32304 (Principal office address) (Current mailing address, if different) NON - PROFIT (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) EMORY HARMON Name: 1057 OCALA ROAD			
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(Current mailing address, if different) NON - PROFIT (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) EMORY HARMON Name:			
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(Current mailing address, if different) NON - PROFIT (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) EMORY HARMON Name:	1057 OCALA	ROAD TALLAHASSEE, FL 32304	
NON - PROFIT (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) EMORY HARMON Name:		(Principal office address)	
NON - PROFTT (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) EMORY HARMON Name:			
NON - PROFIT (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) EMORY HARMON Name:		(Current mailing address, if different)	
Name: 1057 OCALA ROAD		(**************************************	
Name:		T ·	 ســ
Name: 1057 OCALA ROAD	(Purnose(s) of	corporation authorized in home state or country to be carried out in the state of Florida)	
Name: 1057 OCALA ROAD	(* urposo(s) or	or political and the same of committee of the same of	골
Name: 1057 OCALA ROAD	Name and str	eet address of Florida registered agent: (P.O. Box NOT acceptable)	t.
Name:		EMORY HARMON	Ú
Fice Address: TALLAHASSEE (City) TOST OCALAROAD 32304 (City) (Zip Code)	Name:	ENORT HARMON	
TALLAHASSEE 32304, Florida(Zip Code)		1057 OCALA ROAD	
(City), Florida (Zip Code)	nec /tdaress.	TALLAHASSEE 32304	
(City) (Elp Code)		, Florida(Zin Code)	
		(City), FIOTIda (Zip Code)	
	avine been no	umed as registered agent and to accept service of process for the above stated corpor	ation at the p
aving been named as registered agent and to accept service of process for the above stated corporation at the p	signated in th	is application, I hereby accept the appointment as registered agent and agree to act s comply with the provisions of all statutes relative to the proper and complete perfor	in this capaci mance of my
aving been named as registered agent and to accept service of process for the above stated corporation at the p signated in this application. I hereby accept the appointment as registered agent and agree to act in this capa	riner agree w ities, and I an	i familiar with and accept the obligations of my position as registered agent.	mance of my
aving been named as registered agent and to accept service of process for the above stated corporation at the p signated in this application, I hereby accept the appointment as registered agent and agree to act in this capa orther agree to comply with the provisions of all statutes relative to the proper and complete performance of m	•		
aving been named as registered agent and to accept service of process for the above stated corporation at the p signated in this application, I hereby accept the appointment as registered agent and agree to act in this capa Ther agree to comply with the provisions of all statutes relative to the proper and complete performance of m			
aving been named as registered agent and to accept service of process for the above stated corporation at the p esignated in this application, I hereby accept the appointment as registered agent and agree to act in this capa Ther agree to comply with the provisions of all statutes relative to the proper and complete performance of m			
O. Registered agent's acceptance: Iaving been named as registered agent and to accept service of process for the above stated corporation at the pesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacitather agree to comply with the provisions of all statutes relative to the proper and complete performance of muties, and I am familiar with and accept the obligations of my position as registered agent.			

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. DIR	ECTORS	
Chairman	JANICE JORDAN	
	120 SOUTH 57TH STREET	
Address:	PHILADELPHIA, PA 19139	
Vice Cha	TONY JORDAN	
	120 SOUTH 57TH STREET	
Address:	PHILADELPHIA, PA 19139	
	JASMINE HARRIS	
Director:	1057 OCALA ROAD	
Address:		
	TALLAHASSEE, FL 32304	
Director:		
Address:		•
	-	j K
D OF	CIODAS	K
B. OF	FICERS EMORY HARMON	9
President	t: 1057 OCALA ROAD	子
Address:	TALLAHASSEE, FL 32304	<u> </u>
	·	25
10 . B	JASMINE HARRIS	
Vice Pres	1057 OCALA ROAD	
Address:	TALLAHASSEE, FL 32304	
	JUDDSON SUMBLER	
Secretary		
A dalamanı	2118 NORTH 59TH STREET PHILADELPHIA, PA 19141	
Address:	LORENE L HARRIS	
Treasurer	r: 3309 SWEETBRIAR ROAD ALBANY, GA 31705	
Address:		
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or directors.	
13	y yww	_
EM	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) ORY HARMON, PRESIDENT	
14	(Typed or printed name and capacity of person signing application)	-
	(x ypou or printed name and capacity of person signing approation)	

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

05/16/2017

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Hey Young Worlds Inc

is duly registered as a Pennsylvania Non-Profit (Non Stock) under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.





IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Secretary of the Commonwealth

Certification Number: TSC170516110861-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify.aspx