

F20000003362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

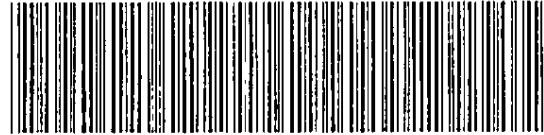
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Rec'd
Jill's for
2-23-20
on 1/18/20

Office Use Only



200348880142

07/27/20--01001--017 **87.50

2020 AUG -3 PM 2:16
1 10 17 20
1 10 17 20

1 10 17 20

AUG - 3 2020

M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: YOUNG PROFESSIONALS ASSOCIATION

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 Status" 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:

KENISHA CAMPBELL

Name of Person

YOUNG PROFESSIONALS ASSOCIATION

Firm/Company

8519 SEA HARBOUR LANE

UNIT 101

Address

TEMPLE TERRACE, FL 33637

City/State and Zip Code

BRYOUNGPROFESSIONALS@YAHOO.COM

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

For further information concerning this matter, please call:

KENISHA CAMPBELL

504-

446-4522

Name of Person

at ()

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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:

The YOUNG PROFESSIONALS ASSOCIATION INCORPORATED

(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.)

PROFESSIONAL YOUTH ASSOCIATION INC.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. LOUISIANA 3. (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. JUNE 2018 5. (Date of Incorporation) (Date of duration, if other than 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. 8519 Sea Harbour Lane 33637 Temple Terrace, FL. (Principal office street address)

(Current mailing address, if different)

8. To provide students daily mental health counseling and a plethora of therapeutic release outlets in an effort to fill gaps need (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: KENISHA CAMPBELL

Office Address: 8519 SEA HARBOUR LANE

TEMPLE TERRACE, Florida 33637 (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.

2020 AUG -3 PM 2:06

ED

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐ Chairman Name: Kenisha Campbell
☐ Vice Chairman Address: 8519 Sea Harbour Lane
☐ Director Unit 101 33637, Temple Terrace, FL
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Kenneth Campbell
☐ Vice Chairman Address: 44065 Arbordale Drive
☐ Director Hammond, LA 70403
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☒ Other: Officer

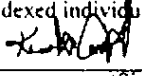
☐ Chairman Name: Valerie Campbell
☐ Vice Chairman Address: 44065 Arbordale Drive
☐ Director Hammond, La 70403
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Susie Shepherd
☐ Vice Chairman Address: 3428 Kahns Rd. 70767
☐ Director Lot 13 Port Allen, LA
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☒ Other: Trustee

☐ Chairman Name: Keyla Campbell
☐ Vice Chairman Address: 11022 CREEKLINE GREEN CT
☐ Director CYPRESS TX 77429-00000
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

14. KENISHA CAMPBELL-PRESIDENT/CEO/FOUNDER
(Typed or printed name and capacity of person signing application)

2020 AUG -3 PM 2:06
FILED



R. Kyle Ardoin
SECRETARY OF STATE

As Secretary of State of the State of Louisiana, I do hereby Certify that

the Articles of Incorporation of

THE YOUNG PROFESSIONALS ASSOCIATION

Domiciled at HAMMOND, LOUISIANA,

Were filed in this Office and a Certificate of Incorporation was issued on June 09, 2018,

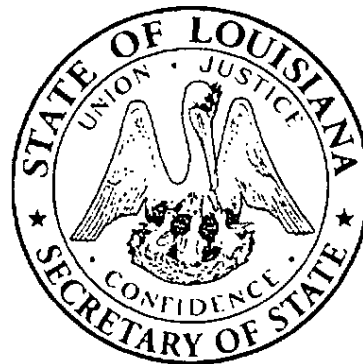
I further certify that no Certificate of Dissolution or Termination has been issued.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

July 24, 2020

Secretary of State

Web 43087393N



Certificate ID: 11243938#LUL73

To validate this certificate, visit the following web site, go to **Business Services, Search for Louisiana Business Filings, Validate a Certificate**, then follow the instructions displayed.
www.sos.la.gov

Solomon, Melanie

From: bryoungprofessionals@yahoo.com
Sent: Monday, August 03, 2020 1:44 PM
To: Solomon, Melanie
Subject: RE: Message from KMBT_501

EMAIL RECEIVED FROM EXTERNAL SOURCE

Please list titles for:

Kenisha Campbell

President

Susie Shepherd

Trustee

Kenneth Campbell

Officer

Keyla Campbell

Vice President

Valerie Campbell

Secretary

Sent from Yahoo Mail on Android

On Mon, Aug 3, 2020 at 12:57 PM, Solomon, Melanie
<Melanie.Solomon@DOS.MyFlorida.com> wrote:

Please list titles for: