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2/3/2023

NAME: FOR YOUTH, INC

TYPE OF FILING: APPLICATION

COST:

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ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE Q HOOLS

## **COVER LETTER**

TO:	Registration Section Division of Corporations				
SUBJE	ECT: For Youth, Inc.				
00000		of corporation	- must include suffix		
Dear Si	r or Madam:				
"Certific	losed "Application by Foreign Co cate of Existence," or "Certificate eferenced foreign corporation to tr	of Good Stan	ding" and check are submitted		
Please r	eturn all correspondence concerni	ng this matter	to the following:		
Emily S	. Levin, Esq.				
		Name of I	Person		
Levin C	orporate Law Group, PLC.				
-		Firm/Com	pany		
606 N. L	Larchmont Blvd. Suite 308				
		Addre	SS		
Los Ang	geles, CA 90004				
		City/State ar	nd Zip code		
rosie@lo	alglaw.com				
	E-mail address	(to be used f	or future annual report notifica	ation)	
For furtl	her information concerning this ma	atter, please c	all:		
Emily S	Levin	at ( 310'	409-1006x1		
	Name of Person	Area Code	Daytime Telephone N	lumber	
	STREET/COURIER ADDRESS Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	S:	MAILING ADDRE Registration Section Division of Corporat P.O. Box 6327 Tallahassee, FL 323	tions	
Please m	d is a check for the following amo ake check payable to: FLORIDA DE 00 Filing Fee	PARTMENT Bee &   Bee &   Bee &   Bee &   Bee &   Bee &   Bee Bee Bee Bee Bee Bee Bee Bee Bee B	\$78.75 Filing Fee & 🔲 S	\$87.50 Filing Fee, Certificate of Status & Certified Copy	

### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

For Youth, Inc.		
(Enter name of c	corporation; must include "INCORPORATED," " corp.," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"
(If name unavail	able in Florida, enter alternate corporate name add	opted for the purpose of transacting business in Florida)
2. Delaware	3	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)
4. 1/21/2020		
(Date	of incorporation)	(Date of duration, if other than perpetual)
6.		
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502	orida, if prior to registration) , F.S., to determine penalty liability)
7 66 West Flagler S	St, Suite 900 - #8273 Miami, FL 33130	, ,
	(Principal office	street address)
	(Current mailing a	ddress, if different)
8. Name and stree	et address of Florida registered agent: (P.O. E	dox NOT acceptable)
Name:	Paracorp Incorporated	
Office Address:	155 Office Plaza Dr, 1st Fl	
	Tallahassec	్లు , Florida 32301 డు
	(City)	(Zin code)

### 9. 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.

Alle Leticia Herreg Asst. Secretary
(Registered agent's signature)

10. 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.

### DocuSign Envelope ID: 2180E54F-1E5F-4ABD-9E8B-918BDA6C2881

A. DIRECTORS						
Chairman	Name:	□Chairman	Name: Christopher Kin-to Chan			
□Vice Chairman	Address:	□Vice Chairman	Address: 66 West Flagler St			
Director	Suite 900 - #8273	Director	Suite 900 - #8273			
President	Miami, FL 33130	□President	Miami, FL 33130			
□Vice President		□Vice President				
Secretary	□Treasurer	Secretary	<b>■</b> Treasurer			
Other	Other	Other	□ Other			
□Chairman	Name:	□ Chairman	Name:			
□Vice Chairman	Address:	□ Vice Chairman	Address:			
□Director		Director				
□President	<u> </u>	□President				
□ Vice President		□ Vice President				
□ Secretary	□Treasurer	☐ Secretary	□Treasurer			
Other	Other	Other	Other			
□Chairman	Name:	☐ Chairman	Name:			
□ Vice Chairman	Address:	□ Vice Chairman	Address:			
Director		□Director				
□President		□President				
□ Vice President		□ Vice President				
□Secretary	☐ Treasurer	☐ Secretary	Treasurer			
□Other		Other	Other			
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.  Fiona (6) Chan						
Signature of Director or Officer						
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.						
13. Fiona Co Chan, President and Director						

Page 1

# Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "FOR YOUTH, INC." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF JANUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FOR YOUTH, INC."

WAS INCORPORATED ON THE TWENTY-FIRST DAY OF JANUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 202582978

Date: 01-26-23

7810616 8300 SR# 20230269436

You may verify this certificate online at corp.delaware.gov/authver.shtml