

N060000/0292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

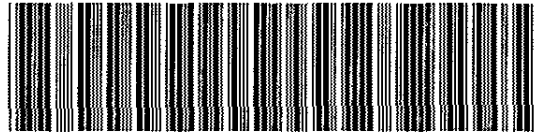
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/03/06--01001--013 **128.75

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06 OCT -2 PM 5:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VH

COVER LETTER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: _____

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	<u>\$78.75</u>
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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FROM: NORRIS D. LANGSTON Youth Scholarship Foundation inc
Name (printed or typed)

P.O. Box 391
Address

Port St. Joe FL 32457
City, State & Zip

850-899-0855
Daytime Telephone Number

**NOT FOR PROFIT
CERTIFICATE OF DOMESTICATION**

The undersigned, DAVID B. LANGSTON, PRESIDENT,
(Name) (Title)

of NORRIS D. LANGSTON YOUTH SCHOLARSHIP FUND INC a foreign Corporation,
(Corporation Name)

in accordance with section 617.1803, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was 10-23-98.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was DELEWARE.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was NORRIS D. LANGSTON YOUTH SCHOLARSHIP INC.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 617.01201 and 617.0202 with this certificate is NORRIS D. LANGSTON YOUTH SCHOLARSHIP FOUNDATION INC.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was DELEWARE.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 617.1803.

I am PRESIDENT, of NORRIS D. LANGSTON YOUTH SCHOLARSHIP FOUNDATION INC
and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done
so this the 2 day of OCTOBER.

DB Langston
(Authorized Signature)

Filing Fee:	
Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	\$78.75
Total to domesticate and file	\$128.75

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S. (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

NORRIS D. LANGSTON YOUTH SCHOLARSHIP FOUNDATION INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address shall be:

Norris D. Langston Youth Scholarship Foundation Inc

P.O. Box 391

Port St. Joe FL 32457

107 Liberty St.

Port St. Joe FL 32456

ARTICLE III PURPOSE

The purpose for which the corporation is organized:

For Charitable, Religious and Educational, For supporting
& Developing Educational Activities And Learning Programs
For The Under Prepared Youth

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Information Will be Stated in By Laws

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

The name(s) and address(es) and specific title(s):

Adron Wynn P.O. Box 10 Apalachicola FL Chairman

Eugen Raffield P.O. Box 221 Port St Joe FL Vice Chairman

Eric Langston 214 Ave A Port St. Joe FL Sec/ Treasur

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

DR. David B. Langston

107 Liberty St.

Port St. Joe FL 32456

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

DR. David B. Langston

107 Liberty St

Port St. Joe FL 32456

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated
in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Signature/Registered Agent

Date

Signature/Incorporator

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 OCT - 2 PM 5:04

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10-02-06

10-02-06