## N080000/0539

	(Re	questor's Name)		
· · · · · · · · · · · · · · · · · · ·	(Ad	dress)		
	(Ad	dress)		
	(Cit	y/State/Zip/Phone	e #)	
	PICK-UP	WAIT	MAIL	
	(Bu	siness Entity Nar	ne)	
	(Do	cument Number)		
Certified Co	pies	Certificates	s of Status	
Special In	structions to	Filing Officer:		
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## **COVER LETTER**

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

SUBJECT:			
	(PROPOSED CORPORA	TË NAME – <u>MUST INCLUI</u>	<u>DE SUFFIX</u> )
		·	
Enclosed is an original a	and one(1) copy of the Arti	cles of Incorporation and	a check for:
\$70.00	<b>\$78.75</b>	\$78.75	<b>□</b> \$87.50
Filing Fee	Filing Fee &	Filing Fee	Filing Fee,
·	Certificate of	& Certified Copy	Certified Copy
	Status		& Certificate
		ADDITIONAL CO	PY REQUIRED
	1). M		
FROM:	Charles Jan	<u> </u>	_
	Name (P	rinted or typed)	

NOTE: Please provide the original and one copy of the articles.

## ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME The name of the corporation shall be:	
PATHS IN the SUN me	
ARTICLE II PRINCIPAL OFFICE  The principal place of business and mailing address of this corporation shall be:	CO St CO present
303 MLK 13 IVD	is a m
Port St. SOE FL 32-15-6 ARTICLE III PURPOSE	55 = O
The purpose for which the corporation is organized is:	Amb har
Deliver YouTH ENRICHMENT Pro	grams
ARTICLE IV MANNER OF ELECTION  The manner in which the directors are elected or appointed:	
Directors Are Appointed by SIT	Ting Board member
ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS	
List name(s), address(es) and specific title(s):  Charles Givens  TROY White	ERIN Given
List name(s), address(es) and specific title(s):  Charles Givens  TROY White  203 AUE C  Brenda Givens  ERIKA White  203 AVE C	303 MCK BIVE
Brenda Givens ERika Whit	32451
ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADI	DRESS
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the regine Charles Givens	stered agent is:
•	
363 MLK BLV POYT ST SOE FOR 32 456 ARTICLE VII INCORPORATOR 456	
The name and address of the Incorporator is: PATH /N  303 MLK BIVD	THE SUN
Poit St. SOE FL	
**************************************	**************************************
n this certificate, I am familiar with and accept the appointment as registered agent and	
Charles Junean	11-18-08
Signature/Registered Agent	fil (C
Signature/Incorporator	11- 18-08 Date