

N10000001861

Samuel MILLS

(Requestor's Name)

7892 BROKEN OAK DR

(Address)

(Address)

SNEADS FL 32460

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

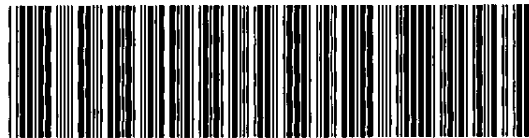
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers FEB 23 2010

ARTICLES OF INCORPORATION

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

ARTICLE I - NAME

The name of the corporation shall be

AMERICAN YOUTH HOMELESS INTERVENTION PROGRAM, INC.

ARTICLE II - PRINCIPAL OFFICE

The principal street address and mailing address, if different is

7892 BROKEN OAK DRIVE

SNEADS, FL 32460

ARTICLE III - PURPOSE

The purpose for which the corporation is organized is

As a Non-Profit organization to assist youths re-entering into society

ARTICLE IV - PURPOSE

The manner in which the directors are elected or appointed

SHALL STATED IN BY-LAWS

ARTICLE V - INITIAL DIRECTORS AND/OR OFFICERS

President / Director **SAMUEL MILLS, 7892 BROKEN OAK DR, SNEADS, FL 32460**

Vice President / Director **SYLVIA MILLS, 7892 BROKEN OAK DR, SNEADS, FL 32460**

Secretary / Treasurer / Director **MARY SPEIGHTS, 2828 BOOKER STREET, MARIANNA, FL 32448**

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ARTICLE VI - INITIAL REGISTERED AGENT AND STREET ADDRESS

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

SAMUEL MILLS

7892 BROKEN OAKS DRIVE

SNEADS, FLORIDA 32460

ARTICLE VII - INCORPORATOR

The name and address of the incorporator is

SAMUEL MILLS

7892 BROKEN OAK DRIVE

SNEADS, FLORIDA 32460

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Having been named as registered agent 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.

Samuel Mills

Signature / Registered Agent

23 FEB 2010

Date

Samuel Mills

Signature / Incorporator

23 FEB 2010

Date