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TALLAHASSEE, FLORIDA

T. Burch OCT 14 2010

COVER LETTER

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

SUBJECT: Bright Stars Child & Youth Services Center Inc.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

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

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Dr. Luisa P. Martin-Humes

Name (Printed or typed)

2425 Spoonwood Drive

Address

Tallahassee, FL 32303

City, State & Zip

(850) 385-9700

2425 Spoonwood Drive Telephone number

luisap13@aol.com

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

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: **Bright Stars Child & Youth Services Center Inc.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
2425 Spoonwood Drive
Tallahassee, FL 32303

Mailing address, if different is:
P.O. Box 180128
Tallahassee, FL 32318

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose for which this corporation is being organized is to provide needed services, such as, education, tutoring, mentoring, referrals, and nutrition services to young children, youth, and families in depressed communities

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

The directors were elected in a democratic manner and through recommendations

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____
Address: Dr. Luisa P.I Martin-Humes, Director I
2425 Spoonwood Drive
Tallahassee, FL 32303

Name and Title: _____
Address: _____

Name and Title: Candice Martin, Director II
Address: 2425 Spoonwood Drive
Tallahassee, FL 32303

Name and Title: _____
Address: _____

Name and Title: Craig Humes, Director III
Address: 2425 Spoonwood Drive
Tallahassee, FL 32303

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Dr. Luisa P. Martin-Humes
Address: 2425 Spoonwood Drive
Tallahassee, FL 32303

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dr. Luisa P. Martin-Humes
Address: 2425 Spoonwood Drive
Tallahassee, FL 32303

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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

[Signature]
Required Signature of Registered Agent

10/12/10
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

[Signature]
Required Signature of Incorporator

10/12/10
Date