

N110000003046

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

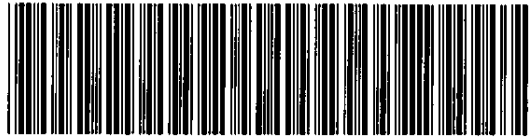
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200198356182

03/25/11--01028--017 **87.50

RECEIVED
11 MAR 25 PM 12:05
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
11 MAR 25 PM 12:15
CLERK OF SUPREME COURT
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: AMERICAN HOMELESS INTERVENTION PROGRAM MINISTRIES FOR YOUTH 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: SAMUEL MILLS
Name (Printed or typed)

7892 BROKEN DAX DR.
Address

SMITHS FL. 32460
City, State & Zip

1-850-661-7322
Daytime Telephone number

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

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

FILED
11 MAR 25 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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

ARTICLE I - NAME

The name of the corporation shall be

AMERICAN HOMELESS INTERVENTION PROGRAM MINISTRIES FOR YOUTH 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 to assist individuals return to 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**

ARTICLE VI - INITIAL REGISTERED AGENT AND STREET ADDRESS

FILED
11 MAR 25 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

FILED
11 MAR 25 PM 2:15
SECRETARY 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.

Samuel Mills

Signature / Registered Agent

25 MARCH 2011

Date

Samuel Mills

Signature / Incorporator

25 MARCH 2011

Date