N11000004362

(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



900204041189

04/25/11--01039--003 **78.75

M1-23291

SEGRETARY OF STATE

F Batch-188 3 5811

COVER LETTER

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

Enclosed is an original and one (1) copy of the Artic	cles of Incorporation and a check for:				
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy Certified Copy & Certificate				
;	ADDITIONAL COPY REQUIRED				
FROM: Marcella Williams Robinson Name (Printed or typed)					

2467 NW 96th Street

Miami, FI 33147

305-244-3974

SUBJECT: The Diabetic Youth Center, Inc
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

marobinson61726@yahoo.com
E-mail address: (to be used for future annual report notification)

2467 NVPsprinsfelsphone number

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

Address

City, State & Zip



April 26, 2011

MARCELLA W ROBINSON 2467 NW 96 STREET MIAMI, FL 33147

SUBJECT: THE DIABETIC YOUTH CENTER, IN C.

Ref. Number: W11000023291

We have received your document for THE DIABETIC YOUTH CENTER, IN C. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Letter Number: 311A00010077

Tim Burch Regulatory Specialist II New Filing Section

www.sunbiz.org

ARTICLES OF INCORPORATION

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

The name of the c	orporation shall be: The Diabeti	c You	th Center, Inc
ARTICLE II	PRINCIPAL OFFICE Principal street address 2467 NW 96th Street Miami, Fl.33147		Mailing address, if different is:
To prov	<u>PURPOSE</u> which the corporation is organized is: ride quality education are g with diabetes.	nd supp	ort to children who
ARTICLE IV	MANNER OF ELECTION The manner in v APPOINTED	which the director	s are elected and appointed:
Name and Address:	INITIAL OFFICERS AND/OR DIRECTOR	Name and Title	Sandra Hawkins, Board Member 9568 NW 24th Ave Miami, Fl 33147
Name and T Address:	Title: Marcella Williams Robsinson, Treasurer 2467 NW 96th Street Miami, FL 33147	Address:	:Gerris Martin, Board Member 18151 NE 31 Ct. Ph 212 Aventura, Fl 33160
Name and Address:	Title: Marcale Williams, Secretary 2467 NW 96th Street Miami, FL 33147	Address:	e:
ARTICLE VI	REGISTERED AGENT		
The name and F Name: Address:	lorida street address (P.O. Box NOT acceptable) of Alix Desulme 830 NW 133rd Street North Miami, FI 33168		ent is: PALLAHAS:
ARTICLE VII	** · · · · · · · · · · · · · · · · · ·		
The name and ac Name: Address:	ddress of the Incorporator is: Marcella Williams Robinson 2467 NW 96th Street Miami, FL 33147	- - -	PH 4: 51 PLOTATE
	familiar with and accept the appointment as register	ed agent and agi	stated corporation at the place designated in this ee to act in this capacity
Cit	Required Signature of Registered Agent		-4/20 \ II
I submit this doc to the Departmen		ue. I am aware	that any false information submitted in a document 55, F.S. UDute