

N/11000005285

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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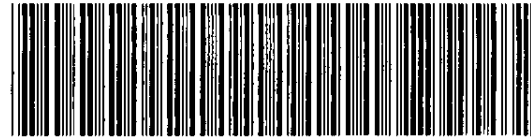
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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11 MAY 27 PM 5:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W11-24649

K 05/31/11



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
11 MAY 27 AM 11:25  
DIVISION OF CORPORATIONS

May 3, 2011

NICHOLAS THOMPSON  
2217 KINGSLAND AVE.  
ORLANDO, FL 32808

SUBJECT: FLORIDA TEENS IN ACTION  
Ref. Number: W11000024649

We have received your document for FLORIDA TEENS IN ACTION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

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) 245-6949.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 711A00010770

## COVER LETTER

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

SUBJECT: FLORIDA TEENS IN ACTION 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: Nicholas Thompson  
Name (Printed or typed)

2217 Kingsland Ave.  
Address

Orlando, Florida 32808  
City, State & Zip

(757) 358-7403  
Daytime Telephone number

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

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

*ARTICLE IV (MANNER)  
MODIFIED PER TELEPHONE  
CONVERSATION WITH N. THOMPSON  
05/31/11*

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

FLORIDA TEENS IN ACTION INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

2217 Kingsland Ave.

Orlando, Fl. 32808

Mailing address, if different is:

P.O. Box 519 Ocoee, Fl. 34761

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

F.T.A. will teach teenagers Preparation and Management skills

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

The method of Election of the Directors is as stated in the Bylaws.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Nicholas Thompson (President)

Address: 2217 Kingsland Ave.

Orlando, Fl. 32808

Name and Title: Andre Gobourne (Vice President)

Address: 5027 Indialantic Dr.

Orlando, Fl. 32808

Name and Title: Gaye-Ann Thompson (Secretary)

Address: 2217 Kingsland Ave.

Orlando, Fl. 32808

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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: Nicholas Thompson

Address: 2217 Kingsland Ave.

Orlando, Fl. 32808

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Andre Gobourne

Address: P.O. Box 519

Ocoee, Fl. 34761

FILED  
11 MAY 27 PM 5:04  
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

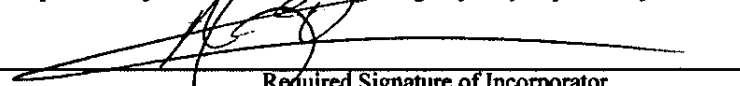


Required Signature of Registered Agent

5-24-11

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.



Required Signature of Incorporator

5-24-11

Date