

N12000004233

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

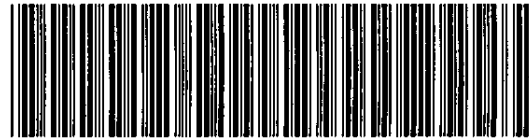
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400230984174

04/25/12--01023--005 \*\*78.75

FILED  
2012 APR 25 AM 11:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers APR 26 2012

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

**ARTICLE I NAME**

The name of the corporation shall be:

**NORTH POINT YOUTH INC.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

POST OFFICE BOX 1128 4102 SILVER LAKE DR  
PALATKA  
FLORIDA 32178

Mailing address, if different is:

PO BOX 1128  
PALATKA  
FLORIDA 32178

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**TO PROVIDE SPIRITUAL, PHYSICAL AND EDUCATIONAL GROWTH TO CHILDREN OF THE LOCAL COMMUNITY.**

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

**DIRECTORS ARE APPOINTED BASED ON THEIR CHRISTIAN VALUES.**

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

Name and Title: ERROL FINDLATER MD. PRESIDENT Name and Title: \_\_\_\_\_

Address: POST OFFICE BOX 1128  
PALATKA, FL 32178

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

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

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

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: ERROL FINDLATER MD

Address: 4102 SILVER LAKE DRIVE  
PALATKA, FL 32177

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ERROL FINDLATER MD

Address: POST OFFICE BOX 1128  
PALATKA, FL 32178

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

\*

*Errol Findlater*

Required Signature of Registered Agent

4/22/12

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.

\*

*Errol Findlater*

Required Signature of Incorporator

4/22/2012

Date

FILED  
2012 APR 25 AM 11:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA