

N120000004744

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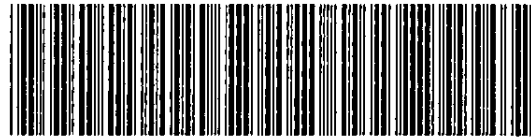
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Special Instructions to Filing Officer:

Elma Omerov **GAVE**  
AUTHORIZATION BY PHONE TO  
CORRECT Add Inc  
DATE 5/10/12  
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012-22640

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COVER LETTER

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

**SUBJECT: AMERICAN BOSNIAN YOUTH ASSOCIATION OF NORTH EAST FLORIDA**  
**(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: ELMA OMEORVIC  
Name (Printed or typed)

4450 OLD SPANISH TRAIL  
Address

JACKSONVILLE, FL 32257  
City, State & Zip

904-343-7092  
Daytime Telephone number

ELMAOMEROVIC@ATT.NET  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 25, 2012

ELMA OMEORVIC  
4450 OLD SPANISH TRAIL  
JACKSONVILLE, FL 32257

SUBJECT: AMERICAN BOSNIAN YOUTH ASSOCIATION OF NORTH EAST  
FLORIDA  
Ref. Number: W12000022640

We have received your document for AMERICAN BOSNIAN YOUTH ASSOCIATION OF NORTH EAST FLORIDA, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

The fees for profit and nonprofit, domestic or foreign are as follows:

Filings Fees:	\$35.00
Registered Agent Designation	\$35.00
Certified Copy	\$8.75
Certificate of Status	\$8.75

Please list the name of the corporation in Article I.

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.

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) 245-6052.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 912A00012556

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

**ARTICLE I NAME** AMERICAN BOSNIAN YOUTH ASSOCIATION OF NE FL, INC.

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
3036 LANTANA LAKES DR E  
JACKSONVILLE, FL 32246

Mailing address, if different is:

PO BOX 56051  
JACKSONVILLE FL 32257

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
The organization is exclusively for charitable, cultural and educational purposes only.

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

The board consist of its current founders anyone included helping the organization is able to apply to be part of the board the founders will decide every two years who will be added and replaced.

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

Name and Title: Suad Tica - PRESIDENT  
Address: 5557 ORTEGA PARK BLVD  
JACKSONVILLE, FL 32244

Name and Title: Sehic VEHID  
Address: 1249 SUMMIT OAKS DRIVE W  
JACKSONVILLE, FL 32221

Name and Title: Elma Omerovic - Secretary  
Address: 4450 OLD SPANISH TRAIL  
JACKSONVILLE, FL 32257

Name and Title: Adis Cosic - Director  
Address: 4450 OLD SPANISH TRAIL  
JACKSONVILLE, FL 32257

Name and Title: Elvir Zukic - VICE PRESIDENT  
Address: 3036 LANTANA LAKES DR E  
JACKSONVILLE, FL 32246

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: SANELA ZEJNIC  
Address: 3958 LANE AVE S  
JACKSONVILLE, FL 32210

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: SUAD TICA  
Address: 5557 ORTEGA PARK BLVD  
JACKSONVILLE, FL 32244

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

Sanela Zejnic

Required Signature of Registered Agent

4/8/12  
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.

Suad Tica

Required Signature of Incorporator

4-8-2012  
Date