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PICK-UP	☐ WAIT	MAIL
(Business Entity Name	e)
(Document Number)	
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Special Instructions	to Filing Officer:	· at
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COVER LETTER

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

SUBJECT:	PROPOSED CORPORA	t Bording Te name-must incli	DDE SUFFIX)
Enclosed is an original	and one (1) copy of the Art	icles of Incorporation and	l a check for :
\$70.00 Filing Fee	878.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate
ADDITIO		ADDITIONAL CO	OPY REQUIRED

FROM: Sharmenie Esin
Name (Printed or typed)

19140 S. Hibiscus St.
Address

Weston, Fl. 33332

City, State & Zip

954-881-4539

Daytime Telephone number

Sharmenie, Esin @amail.com E-mail address: (to be used for future annual report notification)

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



November 16, 2012

SHARMENIE V ESIN 19140 S. HIBISCUS ST. WESTON, FL 33332

SUBJECT: TEENS WITHOUT BORDERS, INC.

Ref. Number: W12000057993

We have received your document for TEENS WITHOUT BORDERS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

List the address for the treasurer in Article V.

★ The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Letter Number: 212A00027704

Ruby Dunlap Regulatory Specialist II New Filing Section

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

The name of the co	orporation shall be: Teens Without 1	Borders, Inc.
ARTICLE II	PRINCIPAL OFFICE Principal street address 19140 South Hibiscus St. Weston, FL 33332	Mailing address, if different is: 19140 South Hibiscus St. Weston, Fl. 33332
ARTICLE III The purpose for wheel En coura	<u>PURPOSE</u> hich the corporation is organized is: aging teen agers to partical unteering where citizer.	pate in civil duties such as need a helping hand.
ARTICLE IV	MANNER OF ELECTION The manner in which the	e directors are elected and appointed:
ARTICLE V Name and Ti Address:	INITIAL OFFICERS AND/OR DIRECTORS (1) ide: Sharmenie U. Esin (fresid Name 19140 S. Hibiscus 5+ Addre Weston, FL, 33332	Appointed and Title: Arlene M. Esin (Treasurer) ess: 19140 S. Hibiscus St. Weston, FL 33332
Name and Ti Address:	Vannick E. A. Esin (Vice Preside 19140 S. Hibiscus St. Addre Weston, Fl. 33332	
Name and Ti Address:	Address of Fl. 33332	e and Title:
ARTICLE VI	REGISTERED AGENT	
	rida street address (P.O. Box NOT acceptable) of the reg John A. F. SIN 19140 S. Hibiscus St. Weston, FL 33332	istered agent is:
ARTICLE VII The name and add Name: Address:	INCORPORATOR Iress of the Incorporator is: Sharmenie U. Esin 19140 S. Hibiscus St.	7 ALLES
	ed as registered agent to accept service of process for the miliar with and adoept the appointment as registered agent.	the above stated corporation at the place designated in this not and agree to act in this capacity
	Required Signature of Registered Agent ment and affirm that the facts stated herein are true. I an of State constitutes in third degree felony as provided for i	Date Date in a document in s.817.155, F.S.