

N12000011802

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

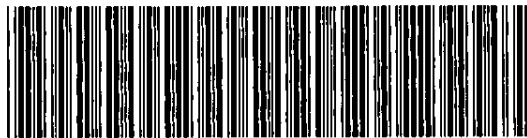
(Business Entity Name)

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COVER LETTER

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

SUBJECT: J.A.Y.A. (Juvenile And Young Adult) Advocacy & Training Program, 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: Jade R. Smith
Name (Printed or typed)

2482 Nugget Lane
Address

Tallahassee, FL 32303
City, State & Zip

(850) 778-7107
Daytime Telephone number

jadesmith11505@gmail.com
E-mail address: (to be used for future annual report notification)

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

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

ARTICLE I NAME

The name of the corporation shall be: Juvenile And Young Adult, Advocacy & Training Program, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1514 Florida Avenue
Quincy, FL 32351

Mailing address, if different is:
P.O. Box 2008
Tallahassee, FL 32316

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide spiritual counseling and training for pre and post juvenile and young adult offenders. To provide positive self-talk training for juvenile and young adults. To provide educational tutoring and training for juvenile and young adult pre and post offenders.

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

Directors will be appointed by officers of the I AM Fellowship Ministries, Inc. a 501 (c) 3 Charitable organization.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Vivian Wilson, Chairman
Address: 2316 Brynmahr Drive
Tallahassee, FL 32303

Name and Title: Arnel Smith, Director
Address: 2482 Nugget Lane
Tallahassee, FL 32303

Name and Title: Jerome E. Wilson, Director
Address: 3137 E. Lafayette Street
Ft. Myers, Florida 33916

Name and Title: _____
Address: _____

Name and Title: Samantha Knight, Director
Address: 8112 Blackjack Road
Tallahassee, FL 32305

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: Jade R. Smith
Address: 2482 Nugget Lane
Tallahassee, FL 32303

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Vivian Wilson
Address: 2316 Brynmahr Drive
Tallahassee, FL 32303

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

[Signature]
Required Signature of Registered Agent

12-20-12
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.

[Signature]
Required Signature of Incorporator

12-20-12
Date

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TALLAHASSEE FLORIDA