N12000011958

(Requestor's Name)				
(Address)				
(Address)				
(City/	State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
		:		

Office Use Only



800242226088

12/26/12--01033--003 **87.50



COVER LETTER

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

SUBJECT: A Chance for Success Youth Center, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for:					
	D				
□ \$70.00	□ \$78.75	□\$78.75	\$87.50		

Filing Fee Filing Fee & Filing Fee Certificate of & Certified Copy Status

Filing Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM:	Mary	Wilburn
		Name (Printed or typed)

4359 Floral Lane

Address

Marianna, FL 32446

City, State & Zip

Daytime Telephone number

mary.wilburn@achanceforsuccess.org

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		FILED
The name of the o	corporation shall be: A Chance for Succes	s Youth Center, Inc.	40 DEC DE DU L. 10
ARTICLE II	PRINCIPAL OFFICE		12 DEC 26 PH 4: 13
111111111111111111111111111111111111111	Principal street address		SE (Mäiling addinss Sif different is:
	4359 Florel Lane		TALLARASSEE FLORES
	Marianna, FL 32446		- IALIAIAAAAAA
ARTICLE III	PURPOSE		
The purpose for	which the corporation is organized is:		
To combat o	community deterioration and juver	nile delinguency b	by providing a safe, supervised
	t for at risk youth during non-scho		
ARTICLE IV			ors are elected and appointed: Each director is appoint
to the board for	the first two years, and elected yearly the	ereafter.	
ARTICLE V	INITIAL OFFICERS AND/OR DIR		
Name and	Title: Mary Wilburn, Chair	Name and Tit	le: Denise McGriff, Vice Chair
Address:	4359 Floral Lane	Address:	6142 Phoenix Road
	Marianna, FL 32446		Bascom, FL 32423
N 7	T'Al . Joseph Dokor Transvers	Name and Tri	L. Jinda Cail Coophad
Name and Address:	Title: Joseph Baker, Treasurer 4366 Hwy 2		tle: Linda Gail Capehart 6124 Phoenix Road
Address:	Malone, FL 32445	Address:	Bascom, FL 32423
Name and	Title: Sandra Granberry, Assistant Secretary	Name and Ti	tle:
Address:	3722 Hearns Road	Address:	
	Greenwood, FL	···	
ARTICLE VI The name and F	REGISTERED AGENT lorida street address (P.O. Box NOT accep	table) of the registered a	agent is:
Name:	Joseph Baker	,	-6
Address:	4366 Hwy. 2		
	Malone, FL 32445		
ARTICLE VII	INCORPORATOR		
The name and a	ddress of the Incorporator is:		
Name:	Mary Wilburn		
Address:	4359 Floral Lane		
	Marianna, FL 32446		
certificate, I am	familiar with and accept the appointment as	registered agent and a	re stated corporation at the place designated in this agree to act in this capacity
(La	seph Baker		12-20-12
	seph Baker Required Signature of Registered A	Agent	Date
	·		that any false information submitted in a document
	nt of State constitutes a third degree felony a		
Mani	Milhim		10/01/10

Required Signature of Incorporator

ARTICLE VIII FINANCIAL

The property of the corporation is irrevocably dedicated to A Chance for Success Youth Center, Inc. and no part of the net income or assets of this corporation shall ever inure to the benefit of any director, officer, or member thereof or to the benefit of any individual except the corporation shall authorize to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purpose of the corporation.

ARTICLE VIIII DISSOLUTION

Upon dissolution of the corporation, assets shall be distributed for one or more purposes within the meaning of Section 501(c) 3 of the Internal Revenue Code, or the corresponding action of any future federal tax code or shall be distributed to local or state government, for a public purpose.