

N13000010971

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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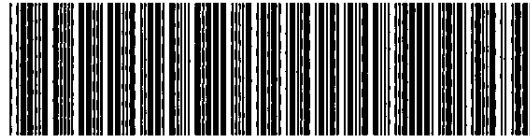
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 12/10/13

COVER LETTER

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

SUBJECT: Deliverance by faith youth foundation 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: Glenn Lyons
Name (Printed or typed)

215 NW 8th Ave
Address

Boynton Beach, FL 33435
City, State & Zip

5615721853
Daytime Telephone number

glyons31@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: Deliverance by faith Youth Foundation INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
416 NE M.L.K.J. BLVD

Boynton Beach

Florida 33435

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to seek ever opportunity to help protect and perserve the youth, to show them the way of opportunity to a moor productive and quality life; to educate with skills, and abilities to work and to create work, to grown and become a better and quality person.

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

well be elected by the president, until first annual metting are:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Glenn Lyons Name and Title: President

Address: 215 NW 8th Ave
Boynton Beach
FI, 33435

Address:

Name and Title: Nyesha Lyons

Name and Title: Secretary

Address: 215 NW 8th Ave
Boynton Beach
FI, 33435

Address:

Name and Title:

Name and Title:

Address:

Address:

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Glenn Lyons

Address: 215 NW 8th Ave

Boynton Beach, FI 33435

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Name: Glenn Lyons

Address: 416 NE M.L.K.J. Blvd

Boynton Beach, FI 33435

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


Required Signature of Registered Agent

Nov 23-2013

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.

 Deliverance BY FAITH Youth Foundation
Required Signature of Incorporator

Nov 23-2013

Date