

N14000006388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

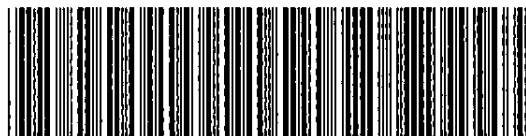
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TO ADDRESS EDGE
SUFFICIENCY OF FILING

2014 JUL -8 PM 12:54

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 JUL -8 PM 1:05

APPROVED
AND
FILED

K 07/08/14

COVER LETTER

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

SUBJECT: TOTAL Youth, 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: Felicia Stanley
Name (Printed or typed)

1509 Crown Ridge Rd.
Address

Tallahassee, FL 32305
City, State & Zip

(850) 322-4725
Daytime Telephone number

licia.poohe1@hotmail.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: TOTAL Youth, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1509 Crown Ridge Rd
Tallahassee, FL 32305

Mailing address, if different is:

P.O. Box 6626
Tallahassee, FL 32324

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Said organization is organized exclusively for charitable, religious, educational, and scientific purposes, including for such purposes the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the internal Revenue code, or corresponding section of any future federal Tax law.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: _____

President Appointed

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Felicia Stanley (P) Name and Title: _____

Address: 1509 Crown Ridge Rd Address: _____
Tallahassee, FL
32305

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 JUL -8 PM 1:05

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AND
FILED

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:

Felicia Stanley

Address:

1509 Crown Ridge Rd.
Tallahassee, Fl. 32305

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Felicia Stanley

Address:

1509 Crown Ridge Rd.
Tallahassee, Fl. 32305

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

Felicia Stanley

Required Signature of Registered Agent

7/7/14

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.

Felicia Stanley

Required Signature of Incorporator

7/7/14

Date