

N15000003218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

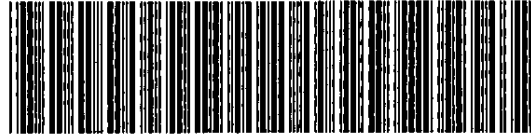
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

558-



000270193970

03/04/15--01009--009 \*\*78.75

FILED  
15 MAR 30 AM 11:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

3/31/15

## COVER LETTER

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

**SUBJECT:** H.A.P.P.Y. U, Inc. (Having A Positive Perspective of Yourself)  
(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: Tammy Sanders  
Name (Printed or typed)

3190 N.W. 169th Terrace  
Address

Miami Gardens, Fl. 33056  
City, State & Zip

786-290-9278  
Daytime Telephone number

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

FILED  
15 MAR 30 AM 11:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 6, 2015

TAMMY SANDERS  
3190 N.W. 169TH TERRACE  
MIAMI GARDENS, FL 33056

SUBJECT: H.A.P.P.Y. U, INC.

Ref. Number: W15000016328

RECEIVED  
15 MAR 30 PM 12:24  
TALLAHASSEE, FLORIDA

We have received your document for H.A.P.P.Y. U, 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):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

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.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 515A00004680

FILED  
15 MAR 30 AM 11:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I    NAME**

The name of the corporation shall be: H.A.P.P.Y. U, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal ~~street~~ address:  
3190 N.W. 169th Terrace  
Miami Gardens, Fl. 33056

Mailing address, if different from

FILED  
15 MAR 30 AM 11: 59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: To provide mentorship, educational classes, and support groups to young ladies (ages 11 - 18) using spiritual and practical teachings to foster self-esteem, self-motivation, leadership skills & the ability to think & make conscious decisions that are conducive to a productive lifestyle. This is a non-profit corporation & shall operate exclusively for educational & charitable purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code or the corresponding section of any future federal tax code.

**ARTICLE IV    MANNER OF ELECTION** The manner in which the directors are elected and appointed: Directors will be appointed by the President after the collaboration & agreement of the board.

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>Tammy Sanders</u> Address: <u>President</u> <u>3190 N.W. 169th Terrace</u> <u>Miami Gardens, Fl. 33056</u>	Name and Title: <u>Keondra Brown</u> Address: <u>Vice-President</u> <u>3190 N.W. 169th Terrace</u> <u>Miami Gardens, Fl. 33056</u>
Name and Title: <u>Yvika Mitchell</u> Address: <u>Director of Finance</u> <u>3190 N.W. 169th Terrace</u> <u>Miami Gardens, Fl. 33056</u>	Name and Title: _____ Address: _____ _____ _____
Name and Title: _____ Address: _____ _____ _____	Name and Title: _____ Address: _____ _____ _____

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: Tammy Sanders

Address: 3190 N.W. 169th Terrace  
Miami Gardens, Fl. 33056

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Tammy Sanders

Address: 3190 N.W. 169th Terrace  
Miami Gardens, Fl. 33056

FILED  
15 MAR 30 AM 11:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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

2/16/15  
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.*

  
Required Signature of Incorporator

2/16/15  
Date

## **Article VIII Powers**

The president and founder, Tammy Sanders shall hold life tenure in the office of president, and in the event of her incapacity to serve she shall have rights to name her successor. In the event of her demise and a successor has not been named, the Board of Directors may name the successor as long as a quorum of at least 50% of the board is present and a majority vote names the successor.

## **Article IX Personal Liability**

No officer or director of the is corporation shall be personally liable for the debts or obligations of H.A.P.P.Y. U, Inc.

Of any nature whatsoever, nor shall any of the property or assets of the officers or directors be subject to the payment of the debts or obligations of this corporation.