

N/5000003795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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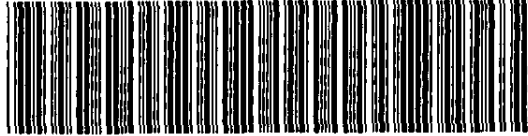
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 APR 13 PM 12:05

✓ 04/16/15

## COVER LETTER

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

SUBJECT: New Beginnings Youth Services, 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: Cynthia Gettis  
Name (Printed or typed)

4448 Marsh Hawk Dr. S  
Address

Jacksonville, FL 32218  
City, State & Zip

904-226-7172  
Daytime Telephone number

cynthiagetis1@aol.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: New Beginnings Youth Services, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:  
4458 Marsh Hawk Dr. S

Mailing address, if different is:

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: To provide supportive services, including academic assistance  
college and career preparation, housing, life skills, and social/recreational activities for homeless  
youth ages 13-19.

**ARTICLE IV    MANNER OF ELECTION**

The manner in which the directors are elected and appointed: Board members  
shall be elected and serve for a term of 2yrs or until their seat is filled.

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

Name and Title: Attorney Charles Gillette  
Address: 603 Market St  
Jax, Fl 32202

Name and Title: Ms. Jackie Norris  
Address: 6618 Cleveland Rd  
Jax, Fl 32209

Name and Title: Ms. Newby  
Address: P.O. Box 40183  
Jax, Fl 32203

Name and Title: Mr. Julius Paden  
Address: 5400 N. Pearl St  
Jax, Fl 32208

Name and Title: Ms. Cynthia Gettis,  
Address: 4458 Marsh Hawk Dr. S  
Jax, Fl 32218

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

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DIVISION OF CORPORATIONS  
15 APR 13 PM 12:05

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: Cynthia Gettis

Address: 4458 Marsh Hawk Dr. S.  
Jacksonville, FL 32218

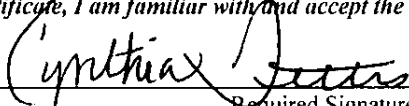
**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Cynthia Gettis

Address: 4458 Marsh Hawk Dr. S  
Jacksonville, FL 32218

*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

3-30-2015

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

3-30-2015

Date

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