

COVER LETTER

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

SUBJECT: Young Yogi Advocate Program, 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: Candace Martin

Name (Printed or typed)

4845 Flint Road

Address

Windermere, FL 34786

City, State & Zip

323-497-1738

Daytime Telephone number

youngyogiprogram@gmail.com

E-mail address: (to be used for future annual report notification)

FILED
15 APR 23 PM 1:52
DEPT. OF STATE
TALLAHASSEE, FLORIDA

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: Young Yogi Advocate Program, Inc.

FILED

ARTICLE II PRINCIPAL OFFICE

15 APR 23 PM 1:52

Principal street address:
4845 Flint Road

Mailing address, if different is: SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Windermere, Fl 34786

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To bring the practices of yoga & mindfulness to

underserved communities. To offer free yoga classes & camps to at-risk youth. To offer self-care yoga classes

caregivers, mental health providers, parents & teachers. We encourage teens being

edged out of funded programs to work with us as counselors. To offer mindfulness programs to

teachers & students. We bring yoga to children on the spectrum, with behavioral

challenges as well as living in marginalized communities.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

By vote as directed by the by-laws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Candace Martin, President

Address: 4845 Flint Road
Windermere, Fl
34786

Name and Title: Michael Martin, Secretary

Address: 4845 Flint Road
Windermere, Fl 34786

Name and Title: Barbara Juman, Treasurer

Address: 400 East Colonial Drive Unit 1201
Orlando, Fl 32803

Name and Title: Stephen Juman, VP

Address: 400 East Colonial Drive, Unit 1201
Orlando, Fl 32803

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: Candace Martin

Address: 4845 Flint Road
Windermere, Fl 34786

ARTICLE VII INCORPORATOR

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

Name: Candace Martin

Address: 4845 Flint Road
Windermere, Fl 34786

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

Candace Martin
Required Signature of Registered Agent

04/18/2015

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.

Candace Martin
Required Signature of Incorporator

04/18/2015

Date

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