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COVER LETTER

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

SUBJECT: BACKYAR	D URBAN DEVELOPMENT IN	NC			
30b)EC1	(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)				
Parkers discount field	1 (1) (1)	1 07 1			
Enclosed is an original a	and one (1) copy of the Artic	cles of Incorporation and	a check for :		
\$70.00	\$78.75	□\$78.75	□ \$87.50		
Filing Fee	Filing Fee &	Filing Fee	Filing Fee,		
	Certificate of	& Certified Copy	Certified Copy		
	Status		& Certificate		
		ADDITIONAL CO	PV REQUIRED		
	SHANICE DETERVILLE				
FROM:	Name (Printed or typed)		_		
		767			
	50 NW 186TH TERRACE				
Address					
	MIAMI GARDENS, FL 33169)	•		
	City, State & Zip				
	321-888-1238				
	e Telephone number	-			

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

BACKYARDURBANDEVELOPMENT@GMAIL.COM

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

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

The name of the	e corporation shall be:	URBAN DEVELOPMENT INC.			
	PRINCIPAL OFFICE				
50 N	Principal <u>street</u> address: W 186TH TERRACE	Mai	Mailing address, if different is:		
MIAI	MI GARDENS, FL				
3316	9, US				
ARTICLE III					
	or which the corporation is organized in				
Backyard Urb	an Development Inc. strives to encoun	age interdependence among famili	es who find value in healthy liv	ving an	d eating.
· · · · · · · · · · · · · · · · ·					
APTICLEU	MANAGER OF ST SCHOOL TI		ELECTE	D ANN	NUALLY
<u>ARTICLE IV</u>	MANNER OF ELECTION The	manner in which the directors are eli	ected and appointed:		•
ARTICLE V	INITIAL OFFICERS AND/OR DI	RECTORS		-	C.
AAAA CIDID I	ETHAL OTT CLAS AND ON DE	<u>ucrons</u>		5	18:71 18:71
Name and Title	SHANICE DETERVILLE, PRESI	DENT Name and Title:		<u> </u>	意思
Address	50 NW 186TH TERRACE	Address:		<u></u>	25.75 15.75 1.75 1.75 1.75 1.75 1.75 1.75
	MIAMI GARDENS, FL			F	사 유 유
	33169, USA			0:27	72.0° 17.3
Name and Title	<u> </u>	Name and Title:		7	
Address		Address:			
	<u> </u>	Name and Title:			
Address		Address:			

Name and Title:		lame and Title:		
Address	• •	Address:		
Name and Title:		lame and Title:		
Address		Address:	· · · · · · · · · · · · · · · · · · ·	
-				
	REGISTERED AGENT Storida street address (P.O. Box NOT accepta	hle) of the registered agent is:		
Name:	PHILLIP FARRAR	oley of the registered agent is.		
Address:	50 NW 186TH TERRACE			C
Address:	MIAMI GARDENS, FL 33	169	<u>.</u>	SECURI
	INCORPORATOR ddress of the Incorporator is:		f - (TARY OF CORR
Name:	SHANICE DETERVILLE			AF CONTRACTOR
Address:	50 NW 186TH TERRACI	3		27
MIAMI GARDENS, FL		169		
Effective date, if	EFFECTIVE DATE: Cother than the date of filing: date is listed, the date must be specific and	. (OPTIONAL)) ss days prior or 90 busi	ness days
	e inserted in this block does not meet the applicative date on the Department of State's record		s, this date will not be lis	ted as the
Having been na certificate, I am	med as registered agent to accept service of familiar withand accept the appointment as r	process for the above stated corp egistered agent and agree to act in	poration at the place des. In this capacity	ignated in this
- LADA			07/10/2015	
	Required Signature of Registered A	gent	Date	
I submit this doc to the Departme	ument and affirm that the facts stated herein nt of State constitutes a third degree felony as	are true. I am aware that any fals provided for in s.817.155, F.S.	e information submitted	in a document
\mathcal{A}	henreintelial!		07/10/2015	
//	Required Signature of Incorpo	ator	Date	