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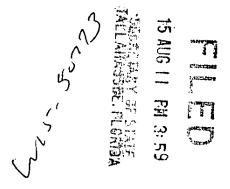
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## **COVER LETTER**

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

\$87.50 Filing Fee, Certified Copy

Jefferson County Young Boyz to Men Mentoring 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 :

& Certificate

ADDITIONAL COPY REQUIRED

ROM:	David Williams Jr.  Name (Printed or typed)		
	Address		
	Monticello, FL 32344		
	City, State & Zip		
	850-524-0126		
	Daytime Telephone number		
	YBTM@gmail.com		
i	E-mail address: (to be used for future annual report notification		

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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

July 28, 2015

DAVID WILLIAMS 3566 S JEFFERSON ST MONTICELLO, FL 32344

SUBJECT: JEFFERSON COUNTY YOUNG BOYZ TO MEN MENTORING

PROGRAM, INC.

Ref. Number: W15000050773

We have received your document for JEFFERSON COUNTY YOUNG BOYZ TO MEN MENTORING PROGRAM, INC. and your check(s) totaling \$79.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The articles of incorporation of a nonprofit corporation must be prepared in compliance with section 617.0202, Florida Statutes. Please refer to that section of the law for assistance.

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as Registered Agent.)

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Bylaws are not filed with this office. Please retain them for your records.

Please return 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.

Tim Burch

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

ARTICLE II	PRINCIPAL OFFICE		
3566	Principal street address:  S. Jefferson St. Monticello, FL 32344	Mailing address, if different is:	
	or which the corporation is organized is:	to build a better world by assisting young men into becomin	
to embrace the	e belief that getting back up is most impo	ortant part. Remind them that life is not always going to be ea	sy, so we must al
be able to lear	n, grow, adapt, and overcome our difficu	alties. Our belief is solving tomorrow's problems by recogniz	ing and
correcting too	day's mistakes.		· · · · · · · · · · · · · · · · · · ·
ARTICLE IV	MANNER OF ELECTION _ The man	nner in which the directors are elected and appointed:	rs voting
ARTICLE V  Name and Title	INITIAL OFFICERS AND/OR DIRE	Since the directors are elected and appointed,	rs voting
ARTICLE IV  ARTICLE V  Name and Title  Address  Name and Title  Address	David Williams Jr President  3566 S. Jefferson St.  Monticello, FL 32344  Barry Graham - 1st Vice President	CTORS  Name and Title:	MUG   PH 3: 5

•			
- Name and Title:		Name and Title:	
Address	·	Address:	<u></u>
_			<del></del>
Name and Title:		Name and Title:	
Address		Address:	_
			<del></del>
			ज ज
	<u>REGISTERED AGENT</u> orida street address (P.O. Box NOT acc	ceptable) of the registered agent is:	<u> </u>
Name:	David Williams Jr.		-
Address:	3566 S. Jefferson St.		B M
	Monticello, FL 32344	A A	.59
The <u>name and add</u>	NCORPORATOR  Iress of the Incorporator is:  David Williams Jr.		
Name: Address:	3566 S. Jefferson St.	<del></del>	
Address:	Monticello, FL 32344		
Effective date, if or	EFFECTIVE DATE: ther than the date of filing: 08/16/1 te is listed, the date must be specific a	5 . (OPTIONAL) and cannot be more than five business days prior or 9	0 business days
	nserted in this block does not meet the ave date on the Department of State's rec	applicable statutory filing requirements, this date will not cords.	be listed as the
Having been name certificate, I am fai	ed as registered agent to accept service miliar with and accept the appointment	e of process for the above stated corporation at the plac as registered agent and agree to act in this capacity	ce designated in
	I Liller Mi	08/05/15	
	Required Signature of Registere	d Agent Date	e
I submit this docum to the Department o	nent and affirm that the facts stated her of State constitutes a third degree felony	rein are true. I am aware that any false information subi y as provided for in s.817.155, F.S.	nitted in a docum
	///~ No	08/05/15	
	Required Signature of Inco		