N 10000003394

(Requestor's Name)			
(Address)			
(Ad	dress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Ві	siness Entity Nan	ne)	
(Do	ocument Number)		
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		
- -			

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4/4/14

COVER LETTER

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

SUBJECT: _	The	Yesai	Movement	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 & Filing Fee & Certificate of Status

\$78.75 \$\sum \\$87.50 \$\text{Filing Fee} & Filing Fee, & Certificate Copy & Certified Copy & Certificate

\$ADDITIONAL COPY REQUIRED

FROM:	Kevin May
•	Name (Printed or typed)
	825 NE 6+ Ave
	Address
	Delray Beach, FL, 33483 Clty, State & Zip
	412-298-5341
	Daytime Telephone number
	Philopph @gmail.com -mail address: (to be used for future annual report notification)
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)

The name of	the corporation shall be:	ie Yesai M	lovement Inc. FILED
<u> 4RTICLE I</u>	PRINCIPAL OFFICE		16 MAR 28 PM 1: 59
_	Principal <u>street</u> address: 825 NE 6 ⁺⁶ Ave.		Mailing address, if different is: OF STATE
_0	Pelray Beach, FL	,33483	<u> </u>
RTICLE I		<u> </u>	
			ld spiritual community for
THE E	mpowerment and	healing of	fall members. Through local
commi	inity outreach, s	ocial media	a, and weekly gatherings, we
provi	de a space for	communion	with the Divine and fellowsh
•			
	1 + 1 th		
		•	
RTICLE I	MANNER OF ELECTION	The manner in which the	directors are elected and appointed: a 2/3 vote
by H	he officers of the	e Yesai Move	ement Inc.
RTICLE V	INITIAL OFFICERS AND/OR	DIRECTORS	•
lame and Ti	ile: Kevin May - Pres	sident Name and	Tille: Parker Webb-Vice President
Address	825 NE 6th Ave	Address:	6375 Morrowfield Ave.
	Delray, FL, 334	·	Pittsburgh, PA 15217
	(Director)	<u> </u>	(Director)
	T. M.J.	-Secretary	A d Ch T
Jame and Ti	tle: Jenna Maioney	Name and	Title: Andrew Chapoy - Treasurer
Address			219 Baldwin Ave.
	Pittsburgh, PA 1	5712	Sharon, PA 16146
	(Director)		·
lame and Ti	ile: Amanda Maloney	Name and 1	ritle: Coby Higgins
ddraes	3517 Simon Ave	A Jane and a	3053 Brighton Rd. Pittsburgh, PA 15212
vauress	D-11-1- DA	Address:	Pillahamal Milania
•	FITTS DURGH , PA !	<u> </u>	FITTSONEGA, PA 15414

Name and Title:_		_ Name and Title:		
Address	•	Address:		
_	*		P-Make - 11	
		- · - · - · · - · · · · · · · · · · · ·		
Name and Title:		Name and Title:		
Address		_ Address:		
	·			
	REGISTERED AGENT			
The name and Flo	orida street address (P.O. Box NOT acc		:	
Name:	Kevin May		28 =	•
Address:	825 NE 6th Ave.			•
•	825 NE 6th Ave. Delray, FL 33483			
				i 1
	INCORPORATOR			
The name and ad	dress of the Incorporator is:			
Name:	Kevin May	<u></u>	In 8	The state of the s
Address:	BAD NE GTA AVE.	•		
	Delray, FL 33483	<u> </u>		
ARTICLE VIII	<u>EFFECTIVE DATE:</u>			·
Effective date, if a (If an effective date after the filing.)	other than the date of filing:ate is listed, the date must be specific a		NAL) usiness days prior or 90 bo	usiness days
	inserted in this block does not meet the a ive date on the Department of State's rec		ments, this date will not be	listed as the
certificate, I am fa	ned as registered agent to accept service amiliar with and accept the appointment	as registered agent and agree to		lesignated in this
Me	Required Signature of Registered		3.25.1	6
	Required Signature of Registered	d Agent	Date	
I submit this docu to the Department	ment and affirm that the facts stated her t of State constitutes a third degree felony	ein are true. I am aware that an	y false information submitt S.	ed in a document
Herr	in May		3.25.1	6
	Regaired Signature of Inco	rporator	Date	