

N16000004738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

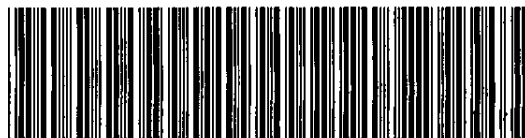
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W16-30520

Office Use Only



600284689776

04/19/16--01018--029 **87.50

FILED
16 MAY -5 PM 5:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

W16

COVER LETTER

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

SUBJECT: YANA Outreach, 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: Nia Daniel
Name (Printed or typed)

9507 SW 160th Street, #280
Address

Miami, Florida 33157
City, State & Zip

(786) 290-0308
Daytime Telephone number

Niahelppservice@yahoo.com
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

April 25, 2016

NIA DANIEL
9507 SW 160TH STREET, #280
MIAMI, FL 33157

SUBJECT: YANA OUTREACH, INC.
Ref. Number: W16000030520

We have received your document for YANA OUTREACH, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

Please return the corrected original and one copy of 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.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 216A00008482

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

ARTICLE I NAME

The name of the corporation shall be:

YANA Outreach, Inc.

FILED

ARTICLE II PRINCIPAL OFFICE

Principal street address:

9507 SW 160th Street, #280

Mailing address, if different:

Same

Miami, Florida 33157

16 MAY -5 PM 5: 00

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The Purpose of YANA Outreach, Inc., is to provide an array of services, programs and activities for individuals and families, that will serve to improve and enhance their quality of life.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Individual

members volunteered to serve as incorporators and directors.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nia Daniel, President

Name and Title: _____

Address

9507 SW 160th Street, #280

Address: _____

Miami, Florida 33157

Name and Title: Jacqueline Cockran, V.P.

Name and Title: _____

Address

9507 SW 160th Street, #280

Address: _____

Miami, Florida 33157

Name and Title: Alisha Linder, Treas. & Sec.

Name and Title: _____

Address

9507 SW 160th Street, #280

Address: _____

Miami, Florida 33157

FILED
16 MAY -5 PM 5:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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:

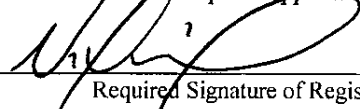
Name: Nia Daniel
Address: 9507 SW 160th Street, #280
Miami, Florida 33157

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

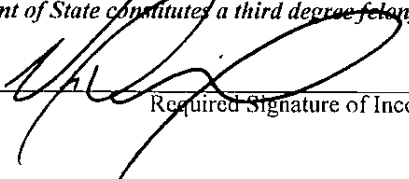
Name: Nia Daniel
Address: 9507 SW 160th Street, #280
Miami, Florida 33157

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

4/15/16
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

5/3/16
Date