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16 JUN 22 AM 7:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: Dream Builders Youth Services 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: Lekeisha Callahan
Name (Printed or typed)

11591 Coral Ridge Ave
Address

Jacksonville, FL 32218
City, State & Zip

904 - 442- 4540
Daytime Telephone number

lekeisha.paige@outlook.com
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)

ARTICLE I NAME

The name of the corporation shall be: Dream Builders Youth Services Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

11591 Coral Ridge ave
Jacksonville, Florida 32218

Mailing address, if different

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Dream Builders is organized to
provide assisted living facilities, foster care, and counseling
services for troubled, disadvantaged teens in the
Jacksonville area. Our goal is to take a more
"modern" approach to offering care and guidance
services for teens in a group home environment.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: The board
of directors are appointed based on contribution and skills.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lekeisha Callahan Name and Title: Pashon Davis

Address: Board Chair Address: Vice Chair
11591 Coral Ridge 5158 Bernard cir #204
ave Jacksonville, FL 32218 Tampa, FL 33617

Name and Title: Woody Bastic Name and Title: Daya Ellis

Address: Board member Address: Board Secretary
1050 Noble Vines dr #8 1010 Huron St
Clarkston, Ga 30021 Jacksonville FL 32254

Name and Title: Donna McBride Name and Title: Giovanni Callahan

Address: Committee Chair Address: Board member
1010 Huron St 11591 Coral Ridge ave
Jacksonville FL 32254 Jacksonville FL 32218

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Lekeisha Callahan
Address: 11591 Coral Ridge ave
Jacksonville, FL 32218

ARTICLE VII INCORPORATOR

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

Name: Lekeisha Callahan
Address: 11591 Coral Ridge ave
Jacksonville, FL 32218

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Lekeisha Callahan
Required Signature of Registered Agent

6/16/16
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.

Lekeisha Callahan
Required Signature of Incorporator

6/16/16
Date