## N16000006521

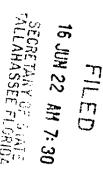
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## **COVER LETTER**

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

Filing Fee

SUBJECT: De	am Builde (PROPOSED COF	ers Touth !	Services Intrinctude suffix	<u>_</u>
Enclosed is an original	and one (1) copy of the A	Articles of Incorporation	and a check for:	l
\$70.00	<b>\$78.75</b>	□\$78.75	<b>⊠</b> \$87.50	

Filing Fee

& Certified Copy

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Certificate of

Status

ADDITIONAL COPY REQUIRED

Filing Fee,

Certified Copy

& Certificate

FROM: Lekeisha Callahan
Name (Printed or typed)

1591 Coral Biology ave
Address

Jacksonville, Fl 3228
City, State & Zip

904 -442-4540
Daytime Telephone number

Lekei Sha. Daigea Out (ODK. 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)

The name of the corporation shall be: Dream Builders	Youth Services Inc.
ARTICLE II PRINCIPAL OFFICE	
Principal <u>street</u> address: 11591 Coral Ridge ave	Mailing address, if different SE
Jacksonville, Florica 300-18	TARY GAS ASSEE FLO
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:	9
provide assisted riving facilities	•
Services for toubled, disadvanted Jacksonville area. Our goal	is to take a more
"modern" approach to offering	Care and guiclance
Services for teens in a g	group home environment
ARTICLE IV MANNER OF ELECTION. The manner in which the of the Control of the cont	Contribution and Stills:
Name and Title: Letheisha Callahan Name and T	-
	Vice chair
11591 Coral Bioge	5158 Bernard Civ #244
ove Jacksonville, F1 32218	tampa, F1 33617
Name and Title: Woody Bostic Name and T	ide: Daya Ellis
Address Board Member Address:	Board Secretary
1050 Woble Vines di \$	1010 Human St
Clarkston, Ga 30021	Jacksonville Fr 30254
Name and Title: Dance MCB ice Name and T	ille: Giovanni Callahan
Address Committee Chair Address:	Board Member
1010 Huran St	1591 Coral Ridgo are
Jacksonville Fl 32254	Jackson Ville Fr 32218

Name and Title:	Name and Title:	
Address	Address:	
		FILED
· · · · · · · · · · · · · · · · · · ·	-	16 JUN 22 AM 7: 30
<del></del>		SECRETARY OF THE
Name and Title:	Name and Title:	SECRETARY OF STATE TALLAHASSEE FLORIDA
Address	Address:	
<u></u>	<del></del>	
ARTICLE VI REGISTERED AGENT		
The <u>name and Florida street address</u> (P.	O. Box NOT acceptable) of the registered age	ent is:
Name: Cetheisha	Callahan	
Address: 1591 Cox	al Ridge are	
Jacksonvil	le F1 32218	
	,	
ARTICLE VII INCORPORATOR The name and address of the Incorporato	r is:	
Name: Letheisha		
	al Ricla ave	
	$ u_{-}$	
JUNON!	lie, Fl 30218	
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of fil	ing. (Ol	PTIONAL)
		ive business days prior or 90 business days
Note: If the date inserted in this block do document's effective date on the Departm		quirements, this date will not be listed as the
	to accept service of process for the above s the appointment as registered agent and agr	stated corporation at the place designated in this ee to act in this capacity
Alberta Callan	ature of Registered Agent	<u>le 1 16 16</u>
Required Signa	iture of Registered Agent	<sup>1</sup> Date
	se facts stated herein are true. I am aware th hird degree felony as provided for in s.817.15	at any false information submitted in a document 5, F.S.
1		lature.
Required:	Signature of Incorporator	Date