

NI60U0009552

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(Business Entity Name)

(Document Number)

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NI60U0009552

SEP 28 2015

T. SCOTT



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09/12/16--01006--012 \*\*78.75

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 15, 2016

CEDRIC WIGGINS  
938 NW 1ST ST APT 8  
HOMESTEAD, FL 33030

SUBJECT: TEEN VIOLENCE SOLUTIONS, INC.  
Ref. Number: W16000063921

We have received your document for TEEN VIOLENCE SOLUTIONS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.  
<http://www.sunbiz.org/titledef.html>.

Both registered agent and incorporator must sign.,

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.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 516A00019769

## COVER LETTER

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

SUBJECT: \_\_\_\_\_  
(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: Cedric Wiggins  
\_\_\_\_\_  
Name (Printed or typed)

938 NW 1st St.  
\_\_\_\_\_  
Address

Homestead, FL 33030  
\_\_\_\_\_  
City, State & Zip

305-910-8585  
\_\_\_\_\_  
Daytime Telephone number

cedricwiggins15@gmail.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: Teen Violence Solutions, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
938 NW 1st St.

Homestead, FL 33030

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Teen Violence Solutions, Inc. is being established to provide mentoring for at-risk middle and high school youth in the Miami-Dade County area. The program will create partnerships with local school districts and the juvenile court system. TVS, Inc. goals are to foster commitment to young people that will promote pro-social friendships, strong interpersonal skills, and reassert a sense of individual responsibility that will give young people the commitment to follow through on a path to adulthood with a sense of pride and accomplishment.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: Appointed

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Cedric Wiggins, President

Address: 938 NW 1st St.  
Homestead, FL 33030

Name and Title: James Dougherty, Vice-President

Address: 1020 N. Krome Ave  
Homestead, FL 33030

Name and Title: Dr. Margaret Reeves, Secretary

Address: 1020 N. Krome Ave  
Homestead, FL 33030

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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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: Cedric Wiggins

Address: 938 NW 1st St.

Homestead, FL 33030

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Cedric Wiggins

Address: 938 NW 1st St.

Homestead, FL 33030

**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*

Cedric Wiggins

Required Signature of Registered Agent

9-28-16

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.*

Cedric Wiggins

Required Signature of Incorporator

9-28-16

Date