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Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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COVER LETTER

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

SUBJECT:

Youth Elevation Incorporated

(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 S87.50 Filing Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM: _____

Name (Printed or typed)

12260 sw 267 ter

Address

Homestead, FL 33032

City, State & Zip

305-780-1084

Daytime Telephone number

reamsjevaughn@yahoo.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

¹ In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME The name of the corporation shall be:			_
ARTICLE II PRINCIPAL OFFICE		HAY	,
Principal <u>street</u> address: 12260 sw 267 ter	Mailing address, if different is	Hd 21	
Homestead, FL, 33032		12: 2	
	No. Contraction of the second se	1	

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, and Chapter 617, Florida Statute, Florida Not For Profit Corporation Act, or the corresponding section of any future Florida Tax code. Youth Elevation, staying in-step with our nonprofit purpose we also strive for the use of effective methodologies and practices to empower the community, promoting educational awareness through civic engagement.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	President, CEO: JeVaughn Reams	Name and Title	Officer: Khalid Esdelle
Address	12260 sw 267 ter Homestead, FL 33032	Address:	20901 sw 117 ave. Miami, FL 33177
	·		
Name and Title:	Treasurer: Steven Labissiere	Name and Title	:
Address	12250 sw 220 st. Miami,FL 33170	Address:	
Name and Title:	Secretary: Shantianna Brown	Name and Title	. <u></u>
	25835 sw 123rd ave Homestead, FL 33032	Address:	

Name and Title:		_ Name and Title:	
Address		Address:	
_	1)		
_			
Name and Title:		Name and Title:	
Address		Address:	
_			
	<u>REGISTERED AGENT</u> orida street address (P.O. Box NOT acc	eptable) of the registered agent is:	
Name:	JeVaughn Reams		
Address:	12260 sw 267 ter		
	Homestead, FL 33032		学.HAY MALANA
	INCORPORATOR dress of the Incorporator is:		12 PHI2:
Name:	JeVaughn Reams		
Address:	12260 sw 267 ter		「法の
	Homestead, FL 33032		
	EFFECTIVE DATE: other than the date of filing:	. (OPTION	۸L)

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

Required Signature of Registered Agent

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

05/24/2017

05/24/2017

Date

Date

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