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Page 1 of Article

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## COVER LETTER

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

SUBJECT: Youth Oppor	rtunities of America United, Inc.			
	(PROPOSÉD CORPO	RATE NAME – <u>MUST INC</u>	LUDE SUFFIX)	
Enclosed is an original a	and one (1) copy of the Artic	eles 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 COL		PY REQUIRED	
Youth Opportunities of America United, Inc.				
FROM:	Name	e (Printed or typed)		
2467 Lane Avenue South				
	Address			
Jacksonville, FL 32244				
	City, State & Zip			
	904.449.9604			
	Daytime Telephone number			

9044499604boykins@gmail.com

NOTE: Please provide the original and one copy of the articles.

E-mail address: (to be used for future annual report notification)

ej.

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

Jacksonville, FL 32244  Laura Boykins  Laura Boykins  Laura Boykins  Laura Boykins  Address:  Jacksonville, FL 32244  Address:  Samara Henry  Name and Title:  2467 Lane Avenue South  Name and Title:  2467 Lane Avenue South  Address:  Ad	ARTICLE	II PRINCIPAL OFFICE				
ARTICLE III PURPONE This corporation is organized is: This corporation is organized for the following purposes religoius, charitable, educational, scientific, and literary, including, for such purposes, the making of distributions to organizations that qualify as extensional, scientific, and literary, including, for such purposes, the making of distributions to organizations that qualify as extensional, scientific, and literary, including, for such purposes, the making of distributions to organizations that qualify as extensional, scientific, and literary, including, for such purposes, the making of distributions to organizations that qualify as extensional, scientific, and literary, including, for such purposes, the making of distributions to organizations that qualify as extensional, scientific, and literary, including, for such purposes, the making of distributions to organizations that qualify as extensions to purpose, the making of distributions to organizations that qualify as extensions to purpose, the making of distributions to organizations that qualify as extension to purpose, the making of distributions to organizations that qualify as extension to purpose, the making of distributions to organizations that qualify as extensions to organizations that qualify as extension to organizations that qualify as extension to organizations to organizations that qualify as extension to organizations to organizations to organizations to organizations to organizations the qualify as extension to organizations to organizations to organizations to organizations to organizations to organizations the distributions to organizations that qualify as extension to organizations to orga		Principal street address:	Ma	niling address, if different is:		
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Address  Address  Address:		Stephen Boykins President	(B)			
Address    Jacksonville, FL 32244	Nameand	THEC.	_			
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	<u>REGISTERED AGENT</u> orid <u>a street address</u> (P.O. Box NOT accept		*lap r	•
	Stephen Boykins	able) of the registered agent is:		SE SE
Name:	2467 Lane Avenue Son	uth		CRE AL
Address:	Jacksonville, FL 3224	<del></del>		HILE MANUG 15 SECRETARY O NLLAHASSEE.
The <u>name and ad</u>	INCORPORATOR  Idress of the Incorporator is:  Stephen Boykins			THE AUG IS AM 8: 13 ECRETARY OF STATE LLAHASSEE, FLORIDA
Name:	2467 Lane Avenue So	uth		
Address:	Jacksonville, FL 3224	<del>-</del>		
Effective date, if	EFFECTIVE DATE: other than the date of filing: ate is listed, the date must be specific and			r the filing.)
	inserted in this block does not meet the applicate date on the Department of State's record		ents, this date will not b	e listed as the
Having been nan	ned as registered agent to accept service of amiliar with and accept the appointment as	f process for the above stated c registered agent and agree to ac	orporation at the place of in this capacity	designated in this
Dlake	Lee & Do May		05/22/20	18
	Required Signature of Registered A		Date	
I submit this docu to the Department	iment and affirm that the facts stated herein t of State constitutes or third degree felony as	are true. I am aware that any j s provided for in s.817.155, F.S.	false information submi	itted in a document
1 2 A	The King		05/22/20	18
	Required Signature of Incorpo	orator	Date	