

N19000001531

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

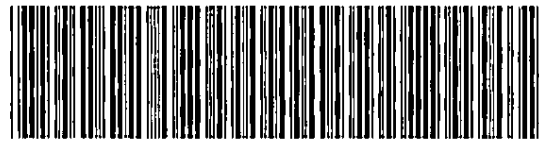
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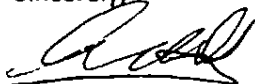
February 8, 2019

Tyrone Scott
Regulatory Specialist II
New Filings Section
Florida Department of State
Division of Corporations
Corporate Records
P.O. Box 6327
Subject: Rehabilitate Children & Youth Ethiopia INC.
Your Ref. Number: W19000010363

Dear Scott,

Thank you for your letter dated February 1, 2019 advising certain correction. Accordingly, please find herewith the corrected original, and its copy along with a copy of your letter addressed to me.

Sincerely,



Altaye Alaro Alambo

6980 Lafayette Park Dr.
Jacksonville, FL 32244



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 1, 2019

ALAYE ALANO ALAMBO
6980 LAFAYETTE PARK DR
JACKSONVILLE, FL 32244

SUBJECT: REHABILITATE CHILDREN & YOUTH ETHIOPIA INC. (RYCE)
Ref. Number: W19000010363

We have received your document for REHABILITATE CHILDREN & YOUTH ETHIOPIA INC. (RYCE) and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

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: 519A00002331

COVER LETTER

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

SUBJECT: Rehabilitate Children & Youth Ethiopia 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: Altaye Alaro Alambo

Name (Printed or typed)

6980 Lafayette Park Dr.

Address

Jacksonville, FL 32244

City, State & Zip

(904) 881-3478

Daytime Telephone number

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

ARTICLE I NAME

The name of the corporation shall be: Rehabilitate Children & Youth Ethiopia Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
6980 Lafayette Park Dr.

Jacksonville, FL 32244

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To help the helpless children and youth in Ethiopia through the provision of
basic necessities such as food, clothing, health services and school supplies. Rehabilitate those youths who have been forced to
abandon their families to escape poverty. Their new lives in the cities exposed them to abuse and drugs. Providing food, clothing,
health services and integrating into the community, as well as giving them access to education through the rehabilitation scheme
is the purpose.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Altaye Alaro Alambo President

Address 6980 Lafayette Park Dr.
Jacksonville, FL 32244

Name and Title: Lemlem L. Anjulo Vice President

Address: 6980 Lafayette Park Dr.
Jacksonville, FL 32244

Name and Title: Zerubabel A. Alaro Director

Address 6980 Lafayette Park Dr.
Jacksonville, FL 32244

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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FILED
CLERK OF DISTRICT COURT
JACKSONVILLE, FL

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: Altaye Alaro Alambo
Address: 6980 Lafayette Park Dr.
Jacksonville, FL 32244

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Altaye Alaro Alambo
Address: 6980 Lafayette Park Dr.
Jacksonville, FL 32244


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 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

02/8/2019
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.


Required Signature of Incorporator

02/8/2019
Date