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AUG 7 2020
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C RICO
AUG 07 2020

COVER LETTER

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

SUBJECT: Village Coalition of Youth Activities, 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: Abdullah H. Malik

Name (Printed or typed)

5733 NW Alcazar Terrace

Address

Port St. Lucie, Florida 34986

City, State & Zip

772-418-2324

Daytime Telephone number

kangotango@msn.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: Village Coalition of Youth Activities, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
5733 NW Alcazar Terrace

Port St. Lucie, Florida 34986

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: All legal business. To promote positive lifestyle choices for at risk youth on th
of Florida. Further said organization is organized exclusively for charitable, religious, educational and scientific purposes.
the making of distributions to organizations that qualify as exempt organizations described under Section 501(c)3 of the IRS
or corresponding section of any Federal Tax Code present or future.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Abdullah H. Malik, President

Name and Title: _____

Address 5733 NW Alcazar Terrace

Address: _____

Port St. Lucie, Florida 34986

Name and Title: Derine M. Davis, Vice President

Name and Title: _____

Address 2701 Avenue E

Address: _____

Ft. Pierce, Florida 34950

Name and Title: James H. Smith, IV, Treasurer

Name and Title: _____

Address 11268 SW Village Court, Apt. 212

Address: _____

Port St. Lucie, Florida 34987

FILED
IN THE OFFICE OF THE
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF
ST. LUCIE, FLORIDA
2010-07-07 AM 10:00

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: Abdullah H. Malik
 Address: 5733 NW Alcazar Terrace
Port St. Lucie, Florida 34986

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Abdullah H. Malik
 Address: 5733 NW Alcazar Terrace
Port St. Lucie, Florida 34986

FILED
 DEPARTMENT OF STATE
 20 AUG - 7 AM 10:00

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: July 29, 2020. (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

A. Hasan Malik
 Required Signature of Registered Agent

7/29/2020
 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.

A. Hasan Malik
 Required Signature of Incorporator

7/29/2020
 Date