

N21000010580

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

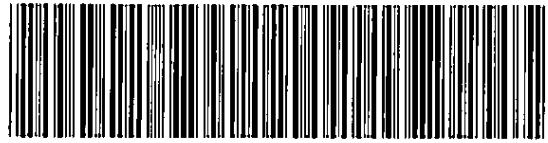
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 SEP -7 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FL

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2021 SEP -7 PM 4:44



COVER LETTER

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

SUBJECT: Y.E.P. Young Entrepreneurs Projects
(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: Renae Rollins
Name (Printed or typed)

2415 San Pedro Ave
Address

Tallahassee FL 32304
City, State & Zip

850 404 4427
Daytime Telephone number

WCABcareers@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: Y.E.P. Young Entrepreneurs Project
Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

2415 San Pedro Ave
Tallahassee Fl. 32304

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Teach young women and
women knowledge in becoming Business
owners, Business Start-up. Linking Current
Businesses with future Business owners.

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

Directors will be appointed according to Bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Renee Rollins ^{President} ~~Director~~ Name and Title: 1

Address: 2415 San Pedro Ave
Tallahassee Fl.
32304

Name and Title: Reenie Kyles ^{Treasure} Name and Title:

Address: 2415 San Pedro Ave
Tallahassee Fl
32304

Name and Title: Name and Title:

Address: Address:

SECRETARY OF STATE
TALLAHASSEE, FL

2021 SEP - 7 AM 9: 04

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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: ~~Renae~~ Renae Rollins
Address: 2415 San Pedro Ave
Tallahassee FL 32304

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TALLAHASSEE, FL

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Renae Rollins
Address: 2415 San Pedro Ave
Tallahassee FL 32304

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

Renae Rollins
Required Signature of Registered Agent

Sept 7, 2021
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.

Renae Rollins
Required Signature of Incorporator

9/7/21
Date