

N21000011748

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900374008369

09/30/01--01021--640 **77.00

2021 SEP 30 PM 4: 08
SECRETARY OF STATE
MAIL ROOM

FILED

C

COVER LETTER

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

SUBJECT: Young Patriots Conservative Group, 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: Ludwin Luck
Name (Printed or typed)

P.O. Box 101894
Address

Fort Lauderdale, FL 33310
City, State & Zip

954-554-8099
Daytime Telephone number

youngpatriotconservativegroup@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)

FILED

2021 SEP 30 PM 4:08

ARTICLE I NAME

The name of the corporation shall be: Young Patriots Conservative Group, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address:

904 W Broward Blvd
Fort Lauderdale, FL 33312

Mailing address, if different is:

P.O. Box 101894
Fort Lauderdale, FL 33310

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Young Patriots Conservative Group, Inc. is organized to educate the public of conservative values and issues that impact society and encourage civic engagement in accordance with section 501(c)(3) of the Internal Revenue Code. This organization shall be dedicated to building relationships for a better future for society.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: As stated in the Bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Ludwin Luck, Director</u> ^{Chair}	Name and Title:	<u>Kelley Fromme May, Director</u> ^{Secretary}
Address:	<u>904 W Broward Blvd</u> <u>Apt 106</u> <u>Fort Lauderdale, FL 33312</u>	Address:	<u>5475 Wiles Rd Unit 12-104</u> <u>Coconut Creek, FL 33073</u>
Name and Title:	<u>Grace Morales, Dir</u> ^{vice chair}	Name and Title:	<u>Emily Brown, Director</u>
Address:	<u>4218 Fox Run Ct</u> <u>Weston, FL 33331</u>	Address:	<u>405 NE 2nd St</u> <u>Apt 1809</u> <u>Fort Lauderdale, FL 33301</u>
Name and Title:	<u>Andrew Wobensmith, Dir</u> ^{Treasurer}	Name and Title:	<u>Murielle Joseph, Director</u>
Address:	<u>929 SW 20th St</u> <u>Fort Lauderdale, FL 33315</u>	Address:	<u>1131 NW 99th Ter</u> <u>Pembroke Pines, FL 33024</u>

Name and Title: Mintha Gosselin, Director

Address: 568 Live Oak Ln
Weston, FL 33327

Name and Title: Alex Cucchiaro, Director

Address: 3214 NW 113th Ave
Sunrise, FL 33323

Name and Title: Lester Goodman, Director

Address: 2623 N 40th Ave
Hollywood, FL 33021

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Ludwin Luck

Address: 904 W Broward Blvd, Apt 106
Fort Lauderdale, FL 33312

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ludwin Luck

Address: 904 W Broward Blvd, Apt 106
Fort Lauderdale, FL 33312

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: September 24, 2021 (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

09/24/21
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

09/24/21
Date

2021 SEP 30 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FL

FILED