

N21000012582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

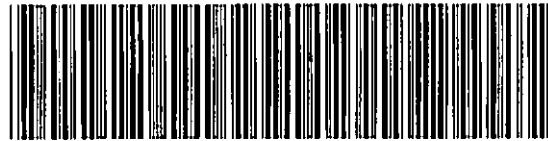
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APPROVED
AND
FILED
2021 SEP 10 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FL 32399

OCT 27 2021

K. Brumbley

COVER LETTER

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

SUBJECT: 4GS Youth Center 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: Fabiola Cunningham
Name (Printed or typed)

5520 NW 35th Ave apt 101
Address

Ft. Lauderdale, FL, 33309
City, State & Zip

954-652-8212
Daytime Telephone number

fabiola.cunningham@aol.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: AGS Youth Center Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

5520 NW 31st Ave apt 101
Ft. Lauderdale, FL, 33309

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To guide the youth in
planning their future, help with their
present world, and overcome their past.

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>Fabiola Cunningham</u>	Name and Title:	<u>John Ervin Cunningham</u>
Address:	<u>President</u>	Address:	<u>Vice President</u>
	<u>5520 NW 31st ave apt 101</u>		<u>5520 NW 31st ave apt 101</u>
	<u>Ft. Lauderdale, FL, 33309</u>		<u>Ft. Lauderdale FL, 33309</u>
Name and Title:	<u>Holine Luscar</u>	Name and Title:	_____
Address:	<u>Secretary</u>	Address:	_____
	<u>255 SW 30th ave</u>		_____
	<u>North Lauderdale, FL, 33068</u>		_____

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
	_____		_____
	_____		_____

APPROVED
AND
FILED
2021 SEP 10 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FL 32301

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:

Fabiola Cunningham

Address:

5520 NW 31st Ave apt 101
 Ft. Lauderdale, FL, 33309

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Fabiola Cunningham

Address:

5520 NW 31st Ave apt 101
 Ft. Lauderdale, FL, 33309

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

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

Date