

N23000004521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

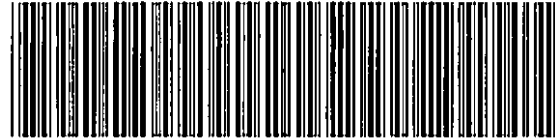
(Business Entry Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Document originally filed
in error. S.C. 04/17/23



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SECURITY & STATE

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COVER LETTER

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

SUBJECT: DISCOVER YOUR VISION YOUTH 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: LOVETTE DOBSON
Name (Printed or typed)

17350 STATE HWY 249 #220
Address

HOUSTON, TX 77064
City, State & Zip

888-462-3453
Daytime Telephone number

EFILE1234@INCFIL.COM
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles

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22 APR - 4 PM 8:58
SECRETARY OF STATE
TALLAHASSEE, FL 32314

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be DISCOVER YOUR VISION YOUTH INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

2338 ADAMS LAKE BLVD

JACKSONVILLE, FLORIDA 32221

DUVAL

Mailing address, if different is:

2338 ADAMS LAKE BLVD.

JACKSONVILLE, FLORIDA 32221

PINELLAS

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Created to help mold and lead the youth to success

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ronechia Poole (DIRECTOR)

Address: 2338 Adams Lake Blvd.

Jacksonville FL 32221

Name and Title: Jayden Daley (DIRECTOR)

Address: 2338 Adams Lake Blvd.

Jacksonville FL 32221

Name and Title: Jahran Daley (DIRECTOR)

Address: 2338 Adams Lake Blvd.

Jacksonville FL 32221

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

22 APR -1, PM 8:58
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: FLORIDA REGISTERED AGENT LLC

Address: 7901 4TH ST N STE 300

SAINT PETERSBURG 33702

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LOVETTE DOBSON

Address: 17350 STATE HWY 249 #220

HOUSTON, TX 77064

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22 APR - 6 PM 8:56
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TALLAHASSEE, FLORIDA

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

Riley Park

Required Signature of Registered Agent

03/31/2022

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.

Lovette Dobson

Required Signature of Incorporator

03/31/2022

Date