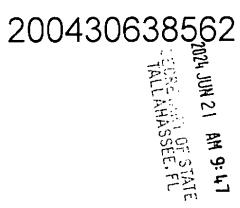
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COVER LETTER

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

Leon County	Young Democrats, Inc.			
SUBJECT:	(PROPOSED CORPO	RATE NAME – <u>MUST INC</u>	CLUDE SUFFIX)	
Enclosed is an original a	and one (1) copy of the Artic	les of Incorporation and	a check for :	
\$70.00	□ \$78.75	□\$78.75	□ \$87.50	
	Filing Fee &	Filing Fee	Filing Fee,	
Filing Fee	Certificate of	& Certified Copy	_ Lt &	20:
	Status	ac Certifica Copy	& Certificate	Zi J
		ADDITIONAL CO	PY REQUIRED	1 2 NOF 1202
		ADDITIONAL CO		
TD 0.11	Leon County Young Democrats	.Inc.	OF STAT	4 S: t
FROM:	Name	- im	~	
	PO Box 21371			
		Address	_	
	Tallahassee, FL 32316			
	C	ity. State & Zip		
	(850) 284-9880			
	Daytim	e Telephone number	_	
	leoncountyyd@gmail.com			
	E-mail address: (to be used for fu	iture annual report notification	_ on)	

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

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

The name of the	NAME Leon County Young corporation shall be:					
<u>ARTICLE II</u>	PRINCIPAL OFFICE					
Principal <u>street</u> address: 3581 Coyote Creek Drive			Mailing address, if different is: PO Box 21371			
Tallahassee, FL 32301			Tallahassee, FL 32316			
ARTICLE III The purpose for	which the corporation is organized is:	• •	oung Democrats is to build broad c	oalitions of youn		
people in a divers	se membership to amplify youth voices in the	political process, elect	Young Democrats to public of	fice,		
ARTICLE IV ARTICLE V Name and Title Address	MANNER OF ELECTION The man INITIAL OFFICERS AND/OR DIRECT Serenity Williams, President PO Box 21371 Tallahassee, FL 32316		Malik Gary, Treasurer	TALLA		
Address	Marie Rattigan, Vice-President	Name and Title Address:	Kristelfys Estanga, Directo	r		
Name and Title	Adner Marcelin, Secretary PO Box 21371 Tallahassee, FL 32316	Name and Title Address:	Samuel Chang, Director PO Box 21371 Tallahassee, FL 32316			

• •	Toseph Pierre, Director	5.1 1.00°.1	Jovon Mickens, Director	
Name and Title	: PO Box 21371	Name and 1111	PO Box 21371	
Address		Address:		
	Tallahassee, FL 32316		Tallahassee, FL 32316	
				
Name and Title	·	Name and Titl	e:	
Address		Address:		
				~ ~~~
ARTICLE VI	REGISTERED AGENT			
The <u>name and</u>	Florida street address (P.O. Box NOT Adner Marcelin	`acceptable) of the reg	istered agent is:	
Name:				
4.4.4	3581 Coyote Creek Drive			ہے
Address:	Tallahassee, FL 32301		-	FILEU 2024 JUN 21 AM 9: 47 ACCORDANA SSEE, FL
			Ţ.	
			,	2 7
	<u>INCORPORATOR</u>		,	
The name and	address of the Incorporator is: Adner Marcelin			SSICA I
Name:				UN 21 AM 9:
Address:	3581 Coyote Creek Drive			74 5
Additess.	Tallahassee, FL 32316			11:
ARTICLE VII	I EFFECTIVE DATE: 06-21-2	2024		
Effective date,	if other than the date of filing:			6 4 50mm
(If an effective	date is listed, the date must be spec	ific and cannot be m	ore than five days prior or 90 days	atter the filing.)
Note: If the da	ite inserted in this block does not meet	the applicable statuto	ry filing requirements, this date will r	ot be listed as the
document's eff	ective date on the Department of State	's records.		
Having been n	amed as registered agent to accept so a familiar with and accept the appoints	rvice of process for t	he above stated corporation at the pi	ace designated in this
cernyicate, i un	п јатишт wiin ина иссері іне цэрония 	nem as registerea age.		, 211
	Required Signature of Regi		56-2 D	1- 29
•	Required Signature of Regi	stered Agent	Da	ale
	ocument and affirm that the facts stated			nitted in a document to
	t of State constitutes a third degree felo			
	X		06.	21-24 Date
	Required Signature of	Incorporator		Date