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TALLAHASSEE, FL

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

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

Leon County Young Democrats, Inc.

SUBJECT: _____
(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

SECRETARY OF STATE
TALLAHASSEE, FL

2024 JUN 21 AM 9:47

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Leon County Young Democrats, Inc.

FROM: _____
Name (Printed or typed)

PO Box 21371

Address

Tallahassee, FL 32316

City, State & Zip

(850) 284-9880

Daytime Telephone number

leoncountyyd@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 Leon County Young Democrats, Inc.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address:
3581 Coyote Creek Drive

Tallahassee, FL 32301

Mailing address, if different is:
PO Box 21371

Tallahassee, FL 32316

ARTICLE III PURPOSE

The purpose of the Leon Young Democrats is to build broad coalitions of young

The purpose for which the corporation is organized is: _____
people in a diverse membership to amplify youth voices in the political process, elect Young Democrats to public office.

and to help pass legislation for the benefit of young people and the future of our country.

as outlined in the bylaws

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Serenity Williams, President

Address: PO Box 21371

Tallahassee, FL 32316

Name and Title: Malik Gary, Treasurer

Address: PO Box 21371

Tallahassee, FL 32316

Name and Title: Marie Rattigan, Vice-President

Address: PO Box 21371

Tallahassee, FL 32316

Name and Title: Kristellys Estanga, Director

Address: PO Box 21371

Tallahassee, FL 32316

Name and Title: Adner Marcelin, Secretary

Address: PO Box 21371

Tallahassee, FL 32316

Name and Title: Samuel Chang, Director

Address: PO Box 21371

Tallahassee, FL 32316

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• • Joseph Pierre, Director	Jovon Mickens, Director
Name and Title: _____	Name and Title: _____
Address: PO Box 21371	Address: PO Box 21371
Tallahassee, FL 32316	Tallahassee, FL 32316
_____	_____
_____	_____
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: Adner Marcelin
 3581 Coyote Creek Drive
 Address: Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Adner Marcelin
 3581 Coyote Creek Drive
 Address: Tallahassee, FL 32316

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 DEPARTMENT OF STATE
 TALLAHASSEE, FL

ARTICLE VIII EFFECTIVE DATE: 06-21-2024

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

06-21-24

 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

06-21-24

 Date