P11000077221

(Re	equestor's Name))		
(Ad	ldress)			
(Ad	ldress)			
(Cit	y/State/Zip/Phon	ne #)		
PICK-UP	☐ WAIT	MAIL.		
(Bu	siness Entity Na	me)		
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				





200211302552

08/30/11--01010--019 **70.00

11 AUG 30 AM II: 17
SECRETARY OF STATE

MR)31

COVER LETTER

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

SUBJECT: Florida Youth Program	ns, Inc.	
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the art	icles of incorporation ar	nd a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate o Status
	ADDITIONAL C	OPY REQUIRED
FROM: Barry Tacktill	e (Printed or typed)	
1667 Springtime Loop		
	Address	
Winter Park, FL 32792 City,	State & Zip	
(631) 431-2688 Daytime 1	Celephone number	
Floridayouthprograms@ E-mail address: (to be use	gmail.com d for future annual report	notification)

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

ARTICLES OF INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NA The name of the corpor	ME Florida Youth Programs	s, Inc.	
166	PINCIPAL OFFICE Principal street address 7 Springtime Loop ter Park, FL 32792		ng address, if different is:
All legal purpose	n the corporation is organized is:		TALLAHASSEE, FLOR
ARTICLE IV SH The number of shares of	<u>IARES</u> of stock is: 1,000,000		E LORIE
	ITIAL OFFICERS AND/OR DIRECTOR	Name and Title:	9
		_ Address:	
Name and Title: Address:			
	GISTERED AGENT		
Name: Address:	street address (P.O. Box NOT acceptable) of Barry Tacktill 1667 Springtime Loop Winter Park, FL 32792	_	
ARTICLE VII IN	CORPORATOR		
The <u>name and address</u> Name: Address:	of the Incorporator is: Barry Tacktill 1667 Springtime Loop Winter Park, FL 32792	- - -	
Having been named at this certificate, I am fai	exegistered agent to accept service of process miliar with and accept the appointment as reg	s for the above stated co istered agent and agree	orporation at the place designated in to act in this capacity
Bant			8-18-11 Date
Combands at 2	Required Signature/Registered Agent		Duc
document to the Depart	t and affirm that the facts stated herein are tment of State constitutes a third degree felon	true. I am aware that v as provided for in s.81	the false information submitted in a 7.155, F.S.
The Item			8-18-11
- W	Required Signature/Incorporator		Date