## P19 000021617

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## FLORIDA PROFIT BENEFIT CORPORATION COVER LETTER

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

Tallahassee, FL 323	314	
SUBJECT: F(Q	NUS QUIS OU (PROPOSED CORPORA	TENAME-MUST INCLUDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and a check for:
S70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy & Certificate o Status  ADDITIONAL COPY REQUIRED
FROM:	Victoria P	Ocknight e (Printed or typed)
	4860 NW	177 St Address
	Miami Cardens	FL 33055 State & Zip
		5521 Telephone number
	Fdyclegal @ g  E-mail address: (to be use	mail. Com d for future annual report notification)

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

## ARTICLES OF INCORPORATION FOR FLORIDA PROFIT BENEFIT CORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME The name of the benefit corporation shall be: FYQYCES (Co.)	uis Youth Center Inc.
ARTICLE II PRINCIPAL OFFICE Principal street address	Mailing address, if different is:
4860 NW 1778+ Miami Gardens, FL 33055	
ARTICLE HI BENEFIT STATEMENT AND BUSINESS PURPOSE The corporation elects to be a benefit corporation in accordance with some purpose for which the corporation is organized is to create a general Evanues Lavis Youth Confer is do Suffer and Environment of Environ	dicated to providing a nt for students in nourished, talents are taught—with an
Sorden's upush-will minimize negative poor pressure, provide and increase employment o	aracters of Miami the exposure of For a safer future, apportunities.
ARTICLE IV SHARES The number of shares of stock is:	
Name and Title: Victoria McKnight (pres, birect Address 4860 NW) 171st A Miami Gardens, FL 33055	ame and Title:  Address:
Name and Title: N Address A	νο <b>&gt; Π</b> η

Name and Title:	Name and Title:
Address	Address:
	<u> </u>
If applicable, BENEFIT DIRECTOR:	If applicable, BENEFIT OFFICER:
Name ;	Name:
Address	Address:
<del></del>	<u> </u>
	<del></del>
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable)	of the registered agent is:
Name: <u>Victoria Mcknight</u>	
Address: 4860 NW 1778t	<del></del>
Miami Gardens, FL 3305	5
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Name: Victoria McKnight	<u> </u>
Address: 4860 NW 17754	
Miami Gardens, FL 3305	
ARTICLE VIII ADDITIONAL QUALIFICATIONS OF BENE	
Having been named as registered agent to accept service of proceed this certificate, I am familiar with and accept the appointment as MCLWA Required Signature/Registered Agent	
I submit this document and affirm that the facts stated herein a	
document to the Department of State constitutes a third degree fee	lony as provided for in s.817.155, F.S.  3 4 2019
- Required Signature/incorporator	/ t/ate