Passina Letter 170

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

300002444543---E -03/02/98--01152--014 ****131.25 ****131.25

SUBJECT: Jouth Against Daias Program Inc. (Proposed corporate name) must include suffix)							
Enclosed is an original and one(1) copy of the articles of incorporation and a check for :							
S70 Filing		\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate			
FROM: BADDI GALAND ARE Name (Printed or typed)							
3480 S.W. Engles St. AMS TI ARRY OF STAIR OF STA							
NE 1 070 011 2 / 1 000 320 1011/							

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

March 3, 1998

RABBI GARLAND 3482 SW EMDEN ST PORT ST LUCIE, FL 34953

SUBJECT: YOUTH AGANIST DRUGS PROGRAM INC.

Ref. Number: W98000004656

We have received your document for YOUTH AGANIST DRUGS PROGRAM INC. and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

THIS WAS PREVIOUSLY FILED IN 1995 AS A NON-PROFIT CORPORATION.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6926.

Tracy Augsburger Document Specialist

Letter Number: 598A00011657



P.O. Box 8184 Pon St. Lucie, FL 34985 Office & Fax: Phone: (561) 879-9785

P.O. Box 364 Pinebrook, N.J. 07058 Phone: (888) 202-1844

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

	- Leading and the second secon	}
The name of the corporation shall be:		98 98
The name of the corporation shall be: Youth AgainSt_Drugs Coa	lition III.	98 MAR
- · · · · · · · ·		3
ARTICLE II PRINCIPAL OFFICE	<u>.</u>	
The principal place of business and mailing address of this	corporation shall be:	
3480 1/0 S.W. Emden St		AM 9: 38
Port Saint Lucie Fl. 34953	3	≅rri ö
ARTICLE III SHARES		_
The number of shares of stock that this corporation is author	orized to have outstanding at any on	e time is:
10 shares of stock		
ARTICLE IV INITIAL REGISTERED AGEN	m and codeed address	
ARTICLE IV INITIAL REGISTERED AGEN The name and Florida street address of the initial registered		
Me Benoi Garland.	. ugom uro.	
MR. BADDI Garland, 3482 Sw. Emdens		
Port St. LINCIE F1.34953	****	
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ARTICLE V INCORPORATOR	-f_2-l_2	
-	·	
ARTICLE V INCORPORATOR The name and address of the incorporator to these Article	·	
ARTICLE V INCORPORATOR The name and address of the incorporator to these Article M. B. Babbi Garland	·	
ARTICLE V INCORPORATOR The name and address of the incorporator to these Article MR. PADD: Garland 3482 S.W. Emclen 5+	·	
ARTICLE V INCORPORATOR The name and address of the incorporator to these Article MR. PAbbi Garland 3482 S.W. Emclen St Port St. Luce F1. 34950	·	
ARTICLE V INCORPORATOR The name and address of the incorporator to these Article MR. PADD: Garland 3482 S.W. Emclen 5+	·	

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent

Date