

F240000001771

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

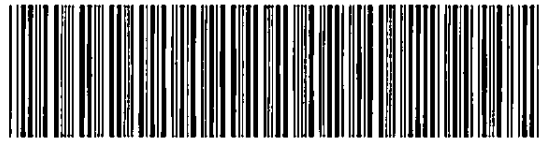
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W24-27299

Office Use Only



600422633216

02/01/24--01008--023 **78.75

FILED
2024 APR -1 PM 12:10
STATE OF NEW YORK
CLERK OF THE COURT



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 19, 2024

MARITSA LEYVA MARTINEZ
506 MAPLEWOOD DR
VICTORIA, TX 77901 US

SUBJECT: THE YOUNG CENTER FOR IMMIGRANT CHILDREN'S RIGHTS
Ref. Number: W24000027299

We have received your document for THE YOUNG CENTER FOR IMMIGRANT CHILDREN'S RIGHTS and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Ariel Jones
Regulatory Specialist II

Letter Number: 524A00003569

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Young Center for Immigrant Children's Rights
Name of Corporation -- must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Maritsa Leyva Martinez

Name of Person

The Young Center for Immigrant Children's Rights

Firm/Company

506 Maplewood Dr

Address

Victoria, TX 77901

City/State and Zip Code

payroll@theyoungcenter.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maritsa Leyva Martinez

at (956) 254-9523

Name of Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee

☒ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:*

1. The Young Center for Immigrant Children's Rights, Inc.

(Name of corporation; must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

The Young Center for Immigrant Children's Rights, Inc. Florida

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. FL 3. 26-1839249
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/18/2012 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)

6. 01/01/2024
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)

7. 2245 South Michigan Ave, Suite 301, Chicago, IL 60616
(Principal office street address)

(Current mailing address, if different)

8. Attorneys and social workers appointed as guardians ad litem by the Department of Health and Human Services.
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

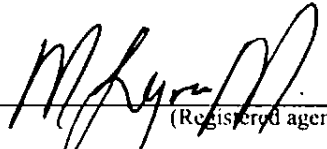
Name: Maritsa Leyva Martinez

Office Address: 5241 Millenia Blvd. Apt 302
Orlando FL 32839
(City) (Zip Code)

2024 APR -1 PM 12:10
RECEIVED
SECRETARY OF STATE

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐ Chairman Name: Gladis Molina Alt
☐ Vice Chairman Address: 3800 N Central
☒ Director Suite 605
☐ President Phoenix, AZ 85012
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: Executive Director ☐ Other: _____

☐ Chairman Name: Dani Doucette
☐ Vice Chairman Address: 86 Chambers St
☐ Director Suite 703
☐ President New York, NY 10007
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: chief operating officer ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

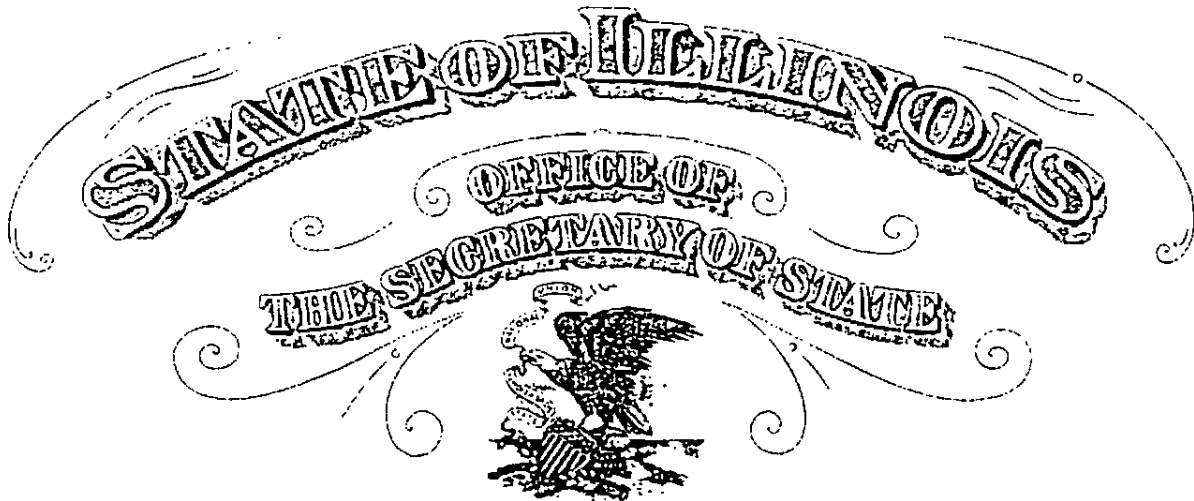
NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13. [Signature] [Signature]
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Gladis Monlina Alt, Executive Director; Dani Doucette, Chief Operating Officer
(Typed or printed name and capacity of person signing application)

File Number

6542-915-2



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulas, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

THE YOUNG CENTER FOR IMMIGRANT CHILDREN'S RIGHTS, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 02, 2007, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 26TH
day of JANUARY A.D. 2024 .

Authentication #: 2402601984 verifiable until 01/26/2025
Authenticate at: <https://www.ilsos.gov>

Alexi Giannoulas

SECRETARY OF STATE