

N16000002480

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

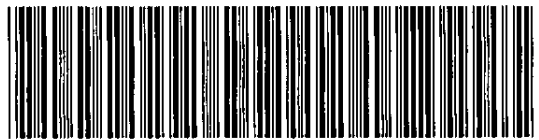
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/09/16

COVER LETTER

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

SUBJECT: Family and Community Empowerment Services
(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

FROM: Sqwrcene Clarissa Davis
Name (Printed or typed)

1574 Goodwood Drive
Address

Tallahassee, FL 32308
City, State & Zip

850-363-7717
Daytime Telephone number

sdavis@facesofyou.org
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

The name of the corporation shall be: Family and Community Empowerment Services, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1574 Goodwood Drive
Tallahassee, FL 32308

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: See attached.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: _____

Elected at the annual meeting.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sqwrcone Clarissa Davis, Executive Director
Address: 1574 Goodwood Drive
Tallahassee, FL 32308

Name and Title: Denise Konate, Treasurer
Address: 3995 16th Street
Detroit, Michigan 48208

Name and Title: Arriya Alise Davis, President
Address: 1574 Goodwood Drive
Tallahassee, FL 32308

Name and Title: _____
Address: _____

Name and Title: Sylvia Mary Hughley, Vice-President
Address: 8687 Virgil St
Dearborn Heights, MI 48127

Name and Title: _____
Address: _____

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STATE OF FLORIDA
SECRETARY OF STATE

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Suzanne Davis

Address: 1574 Goodwood Dr
Tallahassee FL 32308

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STATE OF FLORIDA
DEPARTMENT OF REVENUE

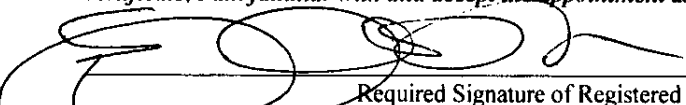
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Suzanne Davis

Address: 1574 Goodwood Dr
Tallahassee FL 32308

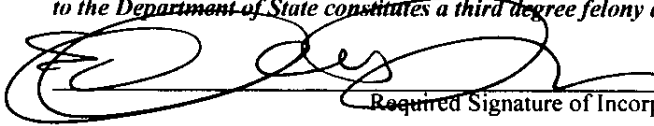
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

3-9-2016
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

3-9-2016
Date

ARTICLE III PURPOSE

The corporation is organized pursuant to the Florida Nonprofit Corporation Code.

This Corporation is organized exclusively for charitable, educational, and cultural purposes as described in Section 501(c)(3) of the Internal Revenue Code.

Specifically, this Corporation shall help eradicate poverty of individuals and families by providing economic and educational services and resources.

This Corporation shall have all the powers necessary or proper for the accomplishment and furtherance of the above stated purposes incidental or related thereto, provided in the Internal Revenue Code of 1954, as amended, including but no way limiting, the following:

1. To engage in charitable activities and extend financial aid through grants, gifts, contributions, or other aid or assistance to qualified individuals.
2. To acquire or receive from individuals, firms, association, corporations, trusts foundations, or any government or governmental subdivision unit or agency by deed, gifts, purchase, bequest, devise, or otherwise cash securities, and other property, tangible or intangible, real or personal, and to hold for the purpose of which the Corporation is organized.
3. To acquire, construct, maintain, and operate rehabilitation projects or redevelopment projects in accordance with the provisions of the State of Florida.
4. To encourage, promote, and participate in the education rehabilitation and management of youth and related facilities and services for the benefit of youth within the State of Florida in such a way as may appear feasible and appropriate. To transact such other business and do any other things incidental to and connected with said purpose.

The property of this Corporation is irrevocably dedicated to educational and charitable purposes, and no part of the net income or assets of this Corporation shall ever inure to the benefit of any director, officer or member thereof, or to the benefit of any private individual.

Upon the dissolution of this organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501 (c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code or shall be distributed to the federal government, or to a state or local government, for a public purpose.

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