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FLORIDA PROFIT/NON PROFIT CORPORATION
Global Empowerment Ministries USA Inc.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$70.00

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DEC 16 2015

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

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ARTICLE I NAME

The name of the corporation shall be: Global Empowerment Ministries USA Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:	Mailing address, if different is:
3111 Mahan DR Suite 20	
Tallahassee, FL 32308	

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This Corporation is being filed pursuant and in compliance with The State of Florida's Non Profit Code and with all professional and ethical adherence to any licenses, intelligence, equipment or intellectual property required to provide our myriad services. We are organizing to address the alarming statistics concerning teen suicide, untreated psychiatric conditions, often directly tied to youth and childhood deviant behavior,thereby in support of our over tasked criminal justice system and substance abuse. All monies raised and service, programs developed will be to that end. We bereby style ourselves an integrative healthcare provider with an emphasis on NeuroPsychiatric, NeuroDegenerative and multifaceted mental health applicatons.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: as stated by the Bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	Director	Name and Title:	Director & Vice President
Address	Monica Logan	Address:	Cecil Moore PhD
	595 Piedmont Ave		1182 Valeo Dr
	Atlanta, GA 30308		Snellville, GA 30078
Name and Title:	Director, Secretary & Treasurer	Name and Title:	President & Treasurer
Address	Rosalyn Thomason PhD	Address:	David Wittman PhD
	4250 Stone Mountain Hwy		11585 Jones Bridge Rd
	Lilburn, GA 30047		Alpharetta, GA 30004
Name and Title:	Secreatry & Treasurer:	Name and Title:	Director:
Address	Anah Sterling-Jackson	Address:	Gerald Brown MSW
	3539 Apalachee Parkway		3111 Mahan Dr
	Tallahassee, FL 32311		Tallahassee, FL 32308

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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: Anah Sterling-Jackson

Address: 3539 Apalachee Parkway

Tallahassee, FL 32311

ARTICLE VII INCORPORATOR

The **name and address** of the incorporator is:

Name: Anah Sterling-Jackson

Address: 3539 Apalachee Parkway

Tallahassee, FL 32311

ARTICLE VIII EFFECTIVE DATE:

Effective date, *if other than the date of filing:* 12/11/2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Anah Sterling-Jackson

Required Signature of Registered Agent — Date: 12/11/2015

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.

Anah Sterling-Jackson

Required Signature of Incorporator — Date: 12/11/2015