

F/1000004972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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Certificates of Status _____

Special Instructions to Filing Officer:

ADDED CORPORATE SUFFIX
PER TELEPHONE CONVERSATION
WITH ALANOR TURNER.

K 12/13/11

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 12/13/11

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Community Male Empowerment Project
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 Good Standing" 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:

Melvin Bailey

Name of Person

Community Male Empowerment Project

Firm/Company

P.O. Box 12758

Address

Chicago, IL 60612

City/State and Zip Code

alanda.turner@yahoo.com

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

For further information concerning this matter, please call:

Alanda Turner

Name of Person

at (

773

)

517-1602

Area Code & Daytime Telephone Number

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$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. Community Male Empowerment Project, 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.)
2. Illinois 3. 010625121
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 2/6/2002 5. perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 5945 W. Madison Chicago, IL 60644
(Principal office address)
- P.O. Box 12758 Chicago, IL 60612
(Current mailing address)

8. Charitable, Benevolent, Education
(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: Renee Jones

Office Address: 2706 W. 28th Street

Rivera Beach, Florida 33404
(City) (Zip Code)

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.

Renee Jones
(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.

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12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Melvin Bailey (Executive Director)

Address: 5746 W. Huron

Chicago, IL 60644

Director: _____

Address: _____

B. OFFICERS

President: Virgil Turner

Address: 1420 S. Sawyer

Chicago, IL 60623

Vice President: Kirk Turner

Address: 1100 S. Hamlin

Chicago, IL 60612

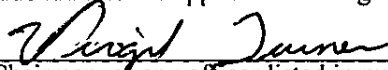
Secretary: Kelen Taylor

Address: 5821 S. Pekay Court Cane Ridge, TN 37013

Treasurer: Chalmus English

Address: 1328 E. 75th Street Chicago, IL 60619

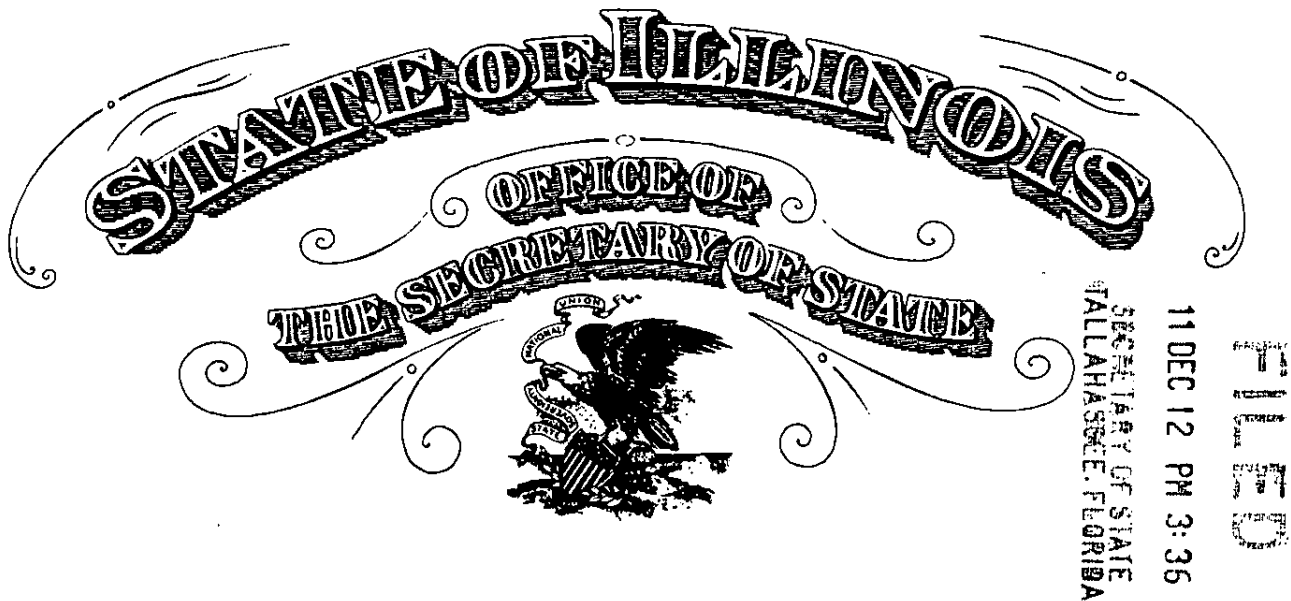
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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

14. Virgil Turner, President
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE FLORIDA

File Number 6203-424-6



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

COMMUNITY MALE EMPOWERMENT PROJECT, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 06, 2002, 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 1ST day of DECEMBER A.D. 2011 .

Jesse White

Authentication #: 1133502184

Authenticate at: <http://www.cyberdriveillinois.com>

SECRETARY OF STATE