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(Requestor's Name)

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(City/State/Zip/Phone #)

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
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S. YOUNG

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 MAY 31 PM 4:53

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Community Empowerment Network, Inc.  
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:

Miguel SANTANA  
Name of Person

Community Empowerment Network, Inc.  
Firm/Company

PO Box 515  
Address

BRONX, NY 10463  
City/State and Zip Code

INFO@CommunityEmpowermentNetwork.org  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Miguel SANTANA at ( 917 ) 569 4869  
Name of Person Area Code Daytime Telephone Number

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration 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

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**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 Empowerment Network, 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.)

A TRANSFORMED WOMAN / UNA MUJER TRANSFORMADA  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW YORK 3. 06-1796457  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/12/06 5. \_\_\_\_\_  
(Date of Incorporation) (Date of duration, if other than perpetual)

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

7. 1381 WOODLAKE CIRCLE, SAINT CLOUD, FL 34772  
(Principal office address)

PO Box 701822, SAINT CLOUD, FL 34770  
(Current mailing address, if different)

8. Our Purpose is to provide at-risk family a safe place where they can engage  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) in education and intervention programs.

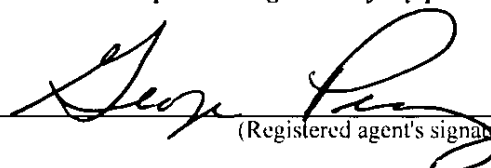
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: George Perez

Office Address: 1381 WOODLAKE CIRCLE  
SAINT CLOUD, Florida 34772  
(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.*

  
(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: GEORGE PEREZ

Address: 1381 WOODLAKE CIRCLE  
SAINT CLOUD, FL 34772

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: MIGUEL SANTANA

Address: 3064 BAILEY AVE. #21  
BRONX, NY 10463

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: GEORGE PEREZ

Address: 1381 WOODLAKE CIRCLE  
SAINT CLOUD, FL 34772

Vice President: FELISA SANTANA

Address: 157 W MAIN ST.  
STAMFORD, NY 12167

Secretary: ESPERANZA PEREZ

Address: 1381 WOODLAKE CIRCLE, SAINT CLOUD, FL 34772

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**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. MIGUEL SANTANA, Executive Director  
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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State of New York  
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of COMMUNITY EMPOWERMENT NETWORK, INC. was filed on 10/12/2006, as a Not-for-Profit Corporation and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



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\*\*\*

WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 10th day of May two  
thousand and seventeen.

Brendan W. Fitzgerald  
Executive Deputy Secretary of State