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(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

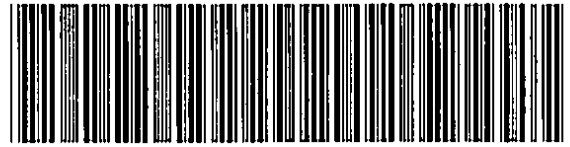
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2020 APR 13 PM 1:02  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

APR 14 2020

M. SOLOMON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Serenity Workforce Development institute  
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:

Dr. Roosevelt Cohens

Name of Person

Serenity Workforce Development Institute

Firm/Company

6814 SW #C 6th Place

Address

Gainesville, Florida 32607

City/State and Zip Code

drressw@gmail.com

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

For further information concerning this matter, please call:

Dr. Roosevelt Cohens

Name of Person

at (

202

Area Code

3732853

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. Serenity Workforce Development Institute Incorporated

(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.)

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

2. Washington, D.C. 3. 52-2037559  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. May 7, 1997 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. 6814 SW 6th Pl #C Gainesville, Fla. 32607  
(Principal office street address)

\_\_\_\_\_  
(Current mailing address, if different)

8. Therapy, 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: Dr. Roosevelt Cohens

Office Address: 6814 SW 6th Pl #C  
Gainesville, Florida 32607  
(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.*

Dr. Roosevelt Cohens  
(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.

FILED  
2020 APR 13 PM 1:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

<input type="checkbox"/> Chairman	Name: <u>Dr. Roosevelt Cohens</u>	<input type="checkbox"/> Chairman	Name: <u>Brenda Little</u>
<input type="checkbox"/> Vice Chairman	Address: <u>6814 S.W. 6th Pl</u>	<input type="checkbox"/> Vice Chairman	Address: <u>612 63rd Pl.</u>
<input type="checkbox"/> Director	<u>Gainesville, FL 32607</u>	<input type="checkbox"/> Director	<u>Seal Pleasant Md.</u>
<input checked="" type="checkbox"/> President		<input type="checkbox"/> President	<u>20743</u>
<input type="checkbox"/> Vice President		<input checked="" type="checkbox"/> Vice President	
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

<input type="checkbox"/> Chairman	Name: <u>Ruby McKinney</u>	<input type="checkbox"/> Chairman	Name: <u>Veronica Polk</u>
<input type="checkbox"/> Vice Chairman	Address: <u>2423 IVINS ST.</u>	<input type="checkbox"/> Vice Chairman	Address: <u>1434 A. ST S.E.</u>
<input type="checkbox"/> Director	<u>Temple Hills, Md. 20746</u>	<input type="checkbox"/> Director	<u>Wash D.C. 20003</u>
<input type="checkbox"/> President		<input type="checkbox"/> President	
<input type="checkbox"/> Vice President		<input type="checkbox"/> Vice President	
<input checked="" type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input checked="" type="checkbox"/> Treasurer
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

<input type="checkbox"/> Chairman	Name: <u>XAVIER PARKER</u>	<input type="checkbox"/> Chairman	Name: _____
<input type="checkbox"/> Vice Chairman	Address: <u>1910 23rd ST SE #131B</u>	<input type="checkbox"/> Vice Chairman	Address: _____
<input checked="" type="checkbox"/> Director	<u>Wash. D.C. 20020</u>	<input type="checkbox"/> Director	
<input type="checkbox"/> President		<input type="checkbox"/> President	
<input type="checkbox"/> Vice President		<input type="checkbox"/> Vice President	
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> 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.

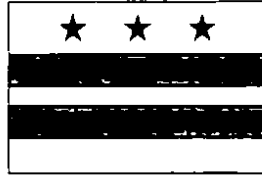
13. Dr. Roosevelt Cohens  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Dr. Roosevelt Cohens (President)  
(Typed or printed name and capacity of person signing application)

RECEIVED

APR 13 2020

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS  
CORPORATIONS DIVISION



**C E R T I F I C A T E**

**THIS IS TO CERTIFY** that all applicable provisions of the District of Columbia Business Organizations Code (Title 29) have been complied with and accordingly, this ***CERTIFICATE OF GOOD STANDING*** is hereby issued to

SERENITY WORKFORCE DEVELOPMENT INSTITUTE

**WE FURTHER CERTIFY** that the domestic filing entity is formed under the law of the District on 3/12/2012; that all fees, and penalties owed to the District for entity filings collected through the Mayor have been paid and Payment is reflected in the records of the Mayor; The entity's most recent biennial report required by § 29-102.11 has been delivered for filing to the Mayor; and the entity has not been dissolved. This office does not have any information about the entity's business practices and financial standing and this certificate shall not be construed as the entity's endorsement.

**IN TESTIMONY WHEREOF I** have hereunto set my hand and caused the seal of this office to be affixed as of 4/6/2020 4:45 PM

Business and Professional Licensing Administration



*Josef G. Gasimov*

JOSEF G. GASIMOV  
Acting Superintendent of Corporations  
Corporations Division<sup>1</sup>

Muriel Bowser  
Mayor

Tracking #: hJuzooLo

FILED  
MAY - 6 1997  
9Y1

Articles of Incorporation  
of  
SERENITY

To: Dept. Of Consumer and Regulatory Affairs, Business Regulation Administration, Corporation Division,  
614 H Street, NW, Washington, DC 20001

We, the undersigned natural person of age of twenty-one years or more, acting as incorporators of a  
corporation under the NONPROFIT CORPORATION Act (DC Code, 1981 edition, Title 29, Chapter 25)

1st The name of the corporation is SERENITY

2nd The period of duration is perpetual

3rd The purpose or purposes for which the corporation is organized are:

- a. Help find employment (which includes placement of workers in available jobs, matching of worker skills to employer needs, researching and disseminating job data to persons seeking employment).
- b. Drug education counseling & screening.
- c. Family & child therapy.
- d. Career development services; college preparation (assist high school students with structure in preparing them for college).
- e. Mentoring and tutoring services.
- f. Provide easy access to community services (including electronically-facilitated referrals to other services, provide information sharing with other community services and coordination of services with income support groups).
- g. Worker skill assessment (career interest, workplace and occupation skills).
- h. Job counseling (career, personal & financial counseling)
- i. Seminar/workshops & entrepreneurial

- 4th The Corporation shall not have members.
- 5th The manner in which the directors shall be elected or appointed shall be provided for in the bylaws.
- 6th Provisions for the regulation of the internal affairs of the corporation, including provisions for distribution of assets on dissolution or final liquidation shall be provided in the bylaws.
- 7th The address including street and number of its initial registered office is 1434 A Street, SE, Washington, DC 20003; the name of its initial registered agent is Roosevelt Cohens.
- 8th The number of directors constituting the initial board of directors is five(5) and the names and addresses, including street and number of the persons who are to serve as the initial directors until the first annual meeting or until their successors be elected and qualified are:

a. Xavier Parker	1910 23rd Street SE #131B Washington, DC 20020
b. Brenda F. Little	612 63rd Pl. Seat Pleasant, Md. 20743
c. Roosevelt Cohens	#34 "O" Street, NW Washington, DC 20001
d. Veronica A. Pollard	1434 "A" Street, SE Washington, DC 20003
e. Ruby M. McKinney	2423 Iverson Street Temple Hills, Md. 20748

9th The names and address, including street number and zip code, of each incorporator are:

Roosevelt Cohens  
Roosevelt Cohens

#34 "O" Street, NW  
Washington, DC 20001

Veronica A. Pollard  
Veronica A. Pollard

1434 "A" Street, SE  
Washington, DC 20003

Ruby M. McKinney  
Ruby M. McKinney

2423 Iverson Street  
Temple Hills, Md. 20748

I TINA L. BERRY, a Notary Public, hereby certify that on the 6th day of May 1997, Roosevelt Cohens, Veronica A. Pollard, and Ruby M. McKinney, appear before me and signed the foregoing document as incorporators, and have averred that the statements therein contained are true.

Tina L. Berry  
Tina L. Berry  
Notary Public, District of Columbia  
My Commission Expires Sept. 14, 1997



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 12, 2020

DR. ROOSEVELT COHENS  
6814 SW #C 6TH PLACE  
GAINESVILLE, FL 32607 US

SUBJECT: SERENITY WORKFORCE DEVELOPMENT INSTITUTE  
INCORPORATED  
Ref. Number: W20000026459

We have received your document for SERENITY WORKFORCE DEVELOPMENT INSTITUTE INCORPORATED and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tacarri K Glass  
Regulatory Specialist II

Letter Number: 720A00005444