

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6333

From:

Account Name : Vcorp SERVICES, LLC
Account Number : I2008000067
Phone : (845) 425-0077
Fax Number : (845) 818-3582

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: statenotices@vcorpsservices.com

FOREIGN PROFIT/NONPROFIT CORPORATION
empowerHER, Inc.

Certificate of Status	0
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Page Count	04
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2021 SEP 28 AM 10:14

STATE OF FLORIDA
TALLAHASSEE

2021 SEP 28 AM 6:49

RECEIVED
SEP 28 2021
STATE OF FLORIDA

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. empowerHER, 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.)
EMPOWER HER INC.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. MA 3. 46-3196791
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 7/16/2013 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. 759 Chief Justice Cushing Highway #317, Cohasset, MA 02025
(Principal office street address)
759 Chief Justice Cushing Highway #317, Cohasset, MA 02025
(Current mailing address, if different)
8. To support, connect, and empower girls and young women who have experienced the loss of their mother.
(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: Vcorp Services, LLC
Office Address: 5011 South State Road 7, Suite 106
Davie, Florida 33314
(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.
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.

Beena Soisfan
(Registered agent's signature)

2021 SEP 28 AM 6:49

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>Cara Belvin</u>	<input type="checkbox"/> Chairman	Name: <u>Linda Chaplin</u>
<input type="checkbox"/> Vice Chairman	Address: <u>759 Chief Justice Cushing Highway #317</u>	<input type="checkbox"/> Vice Chairman	Address: <u>759 Chief Justice Cushing Highway #317</u>
<input type="checkbox"/> Director	<u>Cohasset, MA 02025</u>	<input checked="" type="checkbox"/> Director	<u>Cohasset, MA 02025</u>
<input checked="" 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: _____
<input type="checkbox"/> Chairman	Name: <u>Patricia Demarco</u>	<input type="checkbox"/> Chairman	Name: <u>Erin Devine</u>
<input type="checkbox"/> Vice Chairman	Address: <u>759 Chief Justice Cushing Highway #317</u>	<input type="checkbox"/> Vice Chairman	Address: <u>759 Chief Justice Cushing Highway #317</u>
<input checked="" type="checkbox"/> Director	<u>Cohasset, MA 02025</u>	<input type="checkbox"/> Director	<u>Cohasset, MA 02025</u>
<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 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>Shannon Ewer</u>	<input type="checkbox"/> Chairman	Name: <u>Emily Miller</u>
<input type="checkbox"/> Vice Chairman	Address: <u>759 Chief Justice Cushing Highway #317</u>	<input type="checkbox"/> Vice Chairman	Address: <u>759 Chief Justice Cushing Highway #317</u>
<input checked="" type="checkbox"/> Director	<u>Cohasset, MA 02025</u>	<input checked="" type="checkbox"/> Director	<u>Cohasset, MA 02025</u>
<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. Cara Belvin
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

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



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

Date: June 30, 2021

To Whom It May Concern :

I hereby certify that according to the records of this office,
EMPOWERHER, INC.

is a domestic corporation organized on **July 16, 2013**

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 180 section 26 A, for revocation of the charter of said corporation; that the State Secretary has not received notice of dissolution of the corporation pursuant to Massachusetts General Laws, Chapter 180, Section 11, 11A, or 11B; that said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

Certificate Number: 21070001670

Verify this Certificate at <http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx>

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