

U2U000356377

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

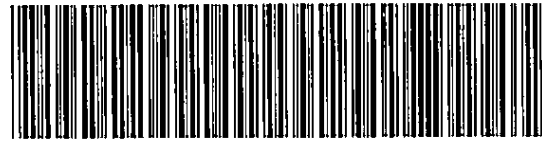
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/18/22--01090--016 **122.50

FILED

2022 JUL 19 AM 8:33

STATE

M

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Empowering 4 Purpose, LLC

Name of Resulting Florida Profit Corporation

The enclosed Articles of Conversion, Articles of Incorporation, and fees are submitted to convert the following eligible entity into a "Florida Profit Corporation" in accordance with ss. 607.11933 & 607.0202, F.S.

Please return all correspondence concerning this matter to:

Lakesha Bowie

Contact Person

Firm/Company

16690 NW 192nd Terrace

Address

High Springs, FL 32643

City, State and Zip Code

empowering4purpose@outlook.com

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

For further information concerning this matter, please call:

Lakesha Bowie at **(352) 284-0577**

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$105.00 Filing Fees ☐ \$113.75 Filing Fees and Certificate of Status ☐ \$113.75 Filing Fees and Certified Copy ☒ \$122.50 Filing Fees, Certified Copy, and Certificate of Status

Mailing Address:

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

Street Address:

New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

7/14/22

Hello Ms. Fayson,

I originally formed a non-profit corporation with the state of Florida which was active for many years (Empowering 4 Purpose Ministries, Inc.).

While attempting to dissolve the non-profit and form an LLC (Empowering 4 Purpose, LLC), I filed a conversion form and later discovered that was not the correct form. I also included a check in the amount of \$122.50 to cover the processing fee. The check has already cleared at my bank.

In mid-May 2022, I mailed in the correct document and a money order in the amount of \$37.50 to cover the balance of the processing fee. (Copy of money order receipt included). I am writing to get a status update.

I am also resubmitting the application to form an LLC.

Please apply the \$122.50 paid to the processing fee for the LLC paperwork.

Also, the non-profit has been dissolved but I sent in an email asking about the process for changing the date of dissolution from May 2022 to the beginning of the year so there will be no 2022 annual report required for the non-profit.

Thank you in advance for your help in both matters.

Best Regards,



Lakesha Bowie

352-284-0577

Empowering4purpose@gmail.com

RECEIVED
2022 JUL 19 PM 2:24
COMMERCIAL
CLERK

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Empowering 4 Purpose, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

16690 NW 192nd Terrace

High Springs, FL 32643

Mailing Address:

16690 NW 192nd Terrace

High Springs, FL 32643

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Lakesha Bowie

Name

16690 NW 192nd Terrace

Florida street address (P.O. Box **NOT** acceptable)

High Springs

FL

32643

City

State

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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STATE
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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

Lakesha Bowic
16690 NW 192nd Terrace
High Springs, FL 32643

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

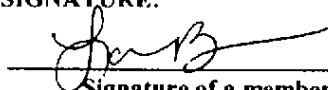
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

ARTICLE VI: Other provisions, if any.

None

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Lakesha Bowic

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent