N000000035

Congress of Women in Ministry Incorporated 3401 Northwest 170th Street Carol City Florida 33056

500003055115--5 -11/29/99--01082--014 ******70.00 ******70.00

954-456-3562

Office Use Only

CORPORATION NAME(S)	& DOCUMENT NUMBER(S), (if known):
---------------------	-----------------------------------

RPORATION NAME(S) & DOGG.	
(Corporation Name)	(Document #)
(Corporation Name)	(Document#)
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait	Certified Copy Certificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
Other OTHER FILINGS	REGISTRATION/QUALIFICATION Foreign
Annual Report Fictitious Name GAVE AUTHORIZATION BY PHONE TO	☐ Foreign ☐ Limited Partnership ☐ Reinstatement ☐ Trademark ☐ Other ☐ Other
CORRECT	Examiner's Initials



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

December 2, 1999

CONGRESS OF WOMEN IN MINISTRY INCORPORATED 3401 N.W. 170TH ST. CAROL CITY, FL 33056

SUBJECT: WOMEN'S EMPOWERMENT NETWORK HUMAN SERVICES

ASSOCIATION, INC.

Ref. Number: W99000027523

We have received your document for WOMEN'S EMPOWERMENT NETWORK HUMAN SERVICES ASSOCIATION, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as Registered Agent.)

The registered agent must sign accepting the designation.

Please return the original and one copy of 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) 487-6878.

Alan Crum Document Specialist

Letter Number: 099A00056959

ARTICLES OF INCORPORATION

The undersigned, acting as incorporator(s) of a corporation pursuant to chapter 617, Florida Statutes, adopt(s) the following articles of Incorporation:

ARTICLE I

NAME

The name of the corporation shall be: WOMEN'S EMPOWERMENT NETWORK HUMAN SERVICES ASSOCIATION, INC.

shall consist of an unlimited number of branches chartered by it, and the members thereof.

ARTICLE II

PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

Principal place of business: 411 NW 1st Ave. Hallandale, Fl. 33009. Principal Mailing address: P.O. Box 1030, Ft. Lauderdale, Fl. 33302

ARTICLE III

PURPOSE(S)

The specific purpose(s) for which the corporation is organized is (are): To operate as a not-for-profit human services, tax exempt 501(c)3 Community Development Corporation; to function as a charitable human services entity; to perpetuate spiritual values in women and children; to serve as a catalyst in preserving, strengthening, and encouraging self-sufficiency in single-parent families headed by women; to identify and minister to cultural social identity crises confronting women who are being released from jails and prisons; to heighten the awareness of the social, economical and educational plight of women in general; to empower women to confront and deal with the challenges of the new millennium through study and practical application of the scriptures. To fully operate as a Community Development Corporation in the state of Florida. The Women's Empowerment Network Human Services Association, Inc., is a companion ministry to the Congress of Women In Ministry, Inc., Document #94000005706, as will operate under said auspices.

ARTICLE IV Election of Directors

The manner in which directors will serve in this corporation are as follows: Directors for the Women's Empowerment Network Human Services Association, Inc. will be appointed by the president/CEO. The President will serve as Chairman of the Board. The board of directors will be responsible for policy development and fiscal oversight.

ARTICLE V Limitation of corporate powers

The corporate powers of this corporation are as follows:

The President/CEO of the Women's Empowerment Network Human Services Association, Inc., reserves the power to appoint and dismiss members of the Board of Directors, and make final decisions regarding the business health and well-being of the corporation.

ARTICLE VI Initial registered agent and street address

Geneva McCrae 411 NW 1st Ave. Hallandale, Florida 33009

ARTICLE VII Incorporators

The name(s) and the street address(es) of the incorporator(s) for these articles of incorporation is(are):

- 1. Geneva McCrae, Acting General President/Ow 411 NW 1st Ave, Hallandale, Fl. 33009
- 2. Sheridan I. Reese, Acting General Secretary/Que 2124 NW 42 Street, Miami, Fl. 33142
- 3. Nellie L. Bacon, Acting General Treasurer/ 860 NW 173 Terr., Miami, Fla. 33169
 The undersigned incorporator has executed these Articles of Incorporation this 30th daylof: November , 1999.

Signature of Incorporator:

Geneva McCrae

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1.	The name of the corporation is:	Women's	Empowerment	Network	
	Human Services Associa	tion, Inc			<u> </u>

2. The name and address of the registered agent and office is:

Geneva McCrae				
(NAME)	¥.	₹	_	
ded arm of 1 Born	i		,00	Charge St
411, NW 1st Ave.		=:	200	
(P.O. BOX <u>NOT</u> ACCEPTABLE)			ستيم ا	CENTRAL DE
Hallandale, Florida 33009		33.5 7.5.1	ယ်	E.
(OLD (OTATE (710))			<u> </u>	3 1
(CITY/STATE/ZIP)		01 LS	بب	1
		OKIO TATE		
	-			

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION 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.

SIGNATURE Leneva McCrae

DATE August 28, 1999

Decomber 27,1999