# Requester's Name Shaton Sensor 9301 Not 19th More Sundse, F1 33321 City/State/Zip Phone # Corporation Name 1. House of Employer your (Corporation Name) Corporation Name) Corporation Name Corporation Na

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4(Corporation Name)	(Document #)	
☐ Walk in ☐ Pick up time _	Certified Copy	
☐ Mail out ☐ Will wait	Photocopy Certificate of Statu	ıs
NEW FILINGS	AMENDMENTS	
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	·
OTHER FILINGS	REGISTRATION/QUALIFICATION	<sub>-</sub>
Annual Report Storm Gall Fictitious Name Non-profit ADD B Annotest	Foreign Limited Partnership Reinstatement Trademark Other	
R2E031(7/97)	Examiner's Initials /	4411300



### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 13, 2000

SHARON SWABY 9301 NW 19TH PLACE SUNRISE, FL 33322

SUBJECT: HOUSE OF EMPOWERMENT, INC.

Ref. Number: W00000009833

We have received your document for HOUSE OF EMPOWERMENT, INC. and your check(s) totaling \$79.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the corporation is being organized.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

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) 487-6915.

Pamela Hall Document Specialist

Letter Number: 500A00020404

## HOUSE OF EMPOWERMENT, INC.

April 17, 2000

Division of Corporation Florida Department of State P.O. Box 6327 Tallahassee, Florida 32314

Attention: Pamela Hall
Document Specialist

Please find enclosed the corrected articles of incorporation which reflect the specific purpose for which the corporation is organized.

I can be reached at the following telephone numbers during working hours, (954) 741-5219; cel. (954) 816-5278.

SHARON SWABY

Incorporator.

9301 NW 19th Place,

Sunrise, Florida 33322

# ARITCLES OF INCORPORATION OF HoUsE OF EMPOWERMENT, INC. A FLORIDA CORPORATION

FILED

00 APR 24 PM 3: 00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

The undersign, acting as the incorporator of this corporation, hereby adopts the following Articles of the Incorporation as registered with the State of Florida.

### ARTICLE 1: NAME

The name of the corporation shall be: HoUsE OF EMPOWERMENT, INC., hereinafter refered to as the "Corporation".

# ARTICLE II: PRINCIPLE OFFICE AND MAILING ADDRESS

The address of the principle office and the mailing address of the Corporation is 9301 NW 19<sup>th</sup> Place, Sunrise, Florida 33322.

## ARTICLE III: DURATION

The period of duration of the Corporation shall be perpetual unless dissolved according to law, and shall have no stock.

### ARTICLE IV: PURPOSES

The Corporation is organized and operated for the purpose of Waiver Support Coordination Services, Case Management/Social Work, and Human Related Services, and to transact any and all lawfull business for which Corporations may be incorporated in this State as a non-profit corporation under F.S. 617.

# ARTICLE V: BOARD OF DIRECTORS

The Board of Directors shall consists of (3) persons. The number of directors may be increased or decreased from time to time by amendment to the bylaws; however, there shall never be less than three directors. All directors shall be selected as provided for in the bylaws.

# ARTICLE VI: REGISTERED OFFICE AND AGENT

The Corporation's registered office shall be located at 9301 NW 19th Place, Sunrise, Florida 33322.and SHARON SWABY, is the registered agent of the Corporation at that address.

### ARTICLE VII: OFFICERS

The officers of the Corporation shall be a President, Vice President, Secretary, Treasurer, and such other officers as may be provided by the bylaws.

## ARTICLE VIII: AMENDMENTS

These Articles of Incorporation may be amended at any regular or special meeting of the Board of Directors by a majority vote of those present; provided that notice of the intention to submit amendents shall have been given as provided by the bylaws.

# ARTICLE IX: INCORPORATOR

The incorporator of the Corporation is as follows:

SHARON SWABY 9301 NW 19th Place, Sunrise, Florida 33322

In witness thereof, the undersign incorporator have executed these articles of incorporation this 29 day of Much, 200.	
Witness Macroby Incorporator	e e e e e e e e e e e e e e e e e e e
STATE OF FLORIDA )	
COUNTY OF BROWARD )	
On day of day the above person appeared before me, a notary public and who is personally known to me or have produced a Florida Driver's License as identification.	
NOTARY PUBLIC SIGN: Multiple	
PRINT: INAN PRESIDENTA	- <u>B</u>

My Comm Exp. 9/17/2002 No. CC 776144 [] Personally Known (1/2ther I.D.

# CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENTS 24 PM 3: 00 UPON WHOM PROCESS MAY BE SERVED

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Consent of Appointment of Registered Agent.

I, SHARON SWABY, hereby give my consent to serve as the registered agent for HoUsE OF EMPOWERMENT, INC..

-Acceptance of Agent-

### ACKNOWLEDGEMENT:

Having been named to accept service of process for the stated corporation, at the place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of said Act relative to keeping open said office.

SHARON SWARY

DATED: 3-29-2000