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B. 12/1

## TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** RAYMON'S EMPOWERMENT CENTER INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee &  
Certificate of  
Status

☒ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

**FROM:** VERONICA MILLER  
Name (Printed or typed)

1035 TOLKIEN LN.  
Address

JACKSONVILLE, FL. 32225  
City, State & Zip

(904) 220-0035  
Daytime Telephone number

**NOTE:** Please provide the original and one copy of the articles.

# ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

## ARTICLE I NAME

The name of the corporation shall be:

RAYMON'S EMPOWERMENT CENTER INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1035 TOLKIEN LANE  
JACKSONVILLE, FL 32225

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROVIDE A PLACE FOR YOUTHS AND TEENS TO GO AFTER SCHOOL AND  
SUMMER TO MAKE A VALIANT EFFORT TO REDUCE JUVENILE CRIMES.

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

APPOINTED BY DIRECTOR

## ARTICLE V INITIAL DIRECTORS/OFFICERS

The name(s), address(es) and title(s):

VERONICA MILLER - D	KEVIN MILLER - T	GENEVA FREEMAN - D
1035 TOLKIEN LANE	1035 TOLKIEN LANE	2005 LUGINE AVE.
JACKSONVILLE, FL 32225	JACKSONVILLE, FL. 32225	BALTIMORE, MD. 21207
ANTHONY WATKINS - SD - 1044 LAWFIN JACKSONVILLE, FL 32211		

## ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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


VERONICA P. MILLER  
1035 TOLKIEN LANE  
JACKSONVILLE, FL 32225

## ARTICLE VII INCORPORATOR

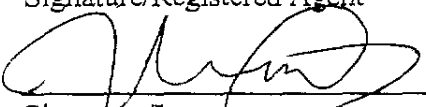
The name and address of the Incorporator is:

VERONICA MILLER  
1035 TOLKIEN LANE  
JACKSONVILLE, FL. 32225

\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

  
\_\_\_\_\_  
Signature/Registered Agent

12/01/2003  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

12/01/2003  
\_\_\_\_\_  
Date

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TALLAHASSEE, FLORIDA