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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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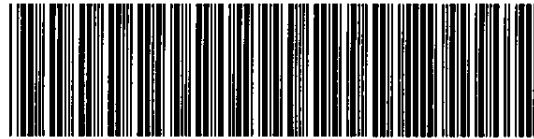
(Business Entity Name)

(Document Number)

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06 NOV 15 PM 1:55  
TALLAHASSEE, FLORIDA

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## COVER LETTER

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

**SUBJECT:** Empowered By Grace Ministries, 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:** Empowered By Grace Ministries, Inc.  
Name (Printed or typed)

8912 Jefferson Avenue  
Address

Jacksonville, Florida 32208  
City, State & Zip

904 422-1603  
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)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be: **EMPOWERED BY GRACE MINISTRIES, INC.**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:  
**8912 Jefferson Avenue Jacksonville, Fl 32208**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is exclusively for charitable, religious, educational, scientific not for profit purposes, including distributions to organizations that qualify as exempt organizations under section 501,c,3 of the IRS Code or any such future federal tax code.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed is stated in the by-laws of this organization.

**ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS**

List name(s), address(es) and specific title(s):

- |                       |                              |                        |             |
|-----------------------|------------------------------|------------------------|-------------|
| 1. Ray C. Cherry      | 8912 Jefferson Avenue        | Jacksonville, Fl 32208 | (President) |
| 2. Cheryl D. Butler   | 11508 Birch Forest Circle E. | Jacksonville, Fl 32218 | (Treasurer) |
| 3. Tramaine N. Butler | 2330 2 <sup>nd</sup> Avenue  | Jacksonville, Fl 32208 | (Secretary) |

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address of the registered agent is:  
**Ray C. Cherry 8912 Jefferson Avenue Jacksonville, Fl 32208**

**ARTICLE VII INCORPORATOR**


The name and address of the Incorporator is:  
**Ray C. Cherry 8912 Jefferson Avenue Jacksonville, Fl 32208**

**ARTICLE VIII DISSOLUTION**

In the event of dissolution of this corporation, all remaining assets must be used exclusively for exempt purposes such as charitable, religious, educational, and/or scientific not for profit purposes, as set forth under section 501,c,3 of the IRS Code or any such future federal tax code.

\*\*\*\*\*

*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

10-14-06  
Date

  
Signature/Incorporator

11-14-06  
Date