N08000000975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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08 JAN 31 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Global Empowerment Ministries USA 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: Monica Losan
Name (Printed or typed)

3111 Mahan Dr Suite 20
Address

Tallahassee, FL 32308
City, State & Zip

850-510-8638
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:
Global Empowerment Ministries USA Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: The Principal place of business will be 3676 Hartsfield Rd. Tallahassee, FL, 32318 The Mailing address will be 3111 Mahan Dr. Suite 20 Tallahassee, FL, 32308

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The Purpose of this organization is to provide religious instruction; educational services for diverse populations, with varying academic needs. To provide social and psychological services, for a risk parties and ex-offenders. We also plan to provide comprehensive community based medical services and/or modalities.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed: The election process begins with a review of candidates pertinent qualifications and/or background etc. The finalist are then determined by a majority vote from permanent members and held in prose until all qualifications have been reviewed. Appointment is subject to review by permanent members.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):
Monica Logan 3111 Mahan Dr. Tall, FL, 32308 Sec/Tres/comptroller
Thomas T. Whited 8152 BlackJack Rd. Tall, FL, 32305 Pres.
Dr. Moore 1182 Yaleo Ct. Snellville, GA, 30078 VP
Tawanda Royster 3190 Rosewood Way. Loganville, GA, 30053 VP/CDO (Development Officer)

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Thomas T. Whited
8152 Black Jack Rd Tall, FL 32305

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Monica Logan
3111 Mahan Dr.
Tallahassee, FL, 32308

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 — Date: 1-31-08

Monica Logan
Signature/Incorporator — Date: 1-31-08