

N09000008344

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

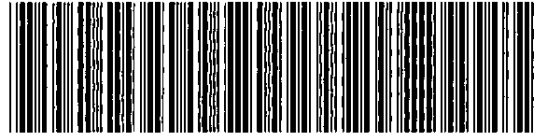
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900159758179

08/24/09--01004--012 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 AUG 24 PM 5:01

APPROVED
AND
FILED

V/H

COVER LETTER

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

SUBJECT: Empowered. By. Love 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: Katrenia Byrd
Name (Printed or typed)

10069 N. Florida Ave B7-C
Address

Tampa, Fla. 33612
City, State & Zip

(813) 775-5469
Daytime Telephone number

centillianaire@yahoo.com
E-mail address: (to be used for future annual report notification)

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

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

APPROVED
AND
FILED

09 AUG 24 PM 5: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:
Empowered. By. Love Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:
10069 N. Florida Ave Suite B7-C
Tampa, FL. 33612

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To provide resources to low income families such as food, medication and utility assistance.
Do outreaches in the inner city by promoting self efficiency.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:
The manner in which my directors are elected is by how well they severing others.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):
Jackie Robinson - Director 12758 Freemantle Pl #101 Tampa, Fl. 33612
Barbara Williams - Director 1702 University woods Pl. Tampa, Fl. 33612
Lolita Edge - Director 2104 E. Nedor Rd. Tampa, Fl. 33604

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Loilta Edge 2104 E. Nedor Rd. Tampa, Fl. 33604

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
Katrenia Byrd 1715 E. Fowler Ave# 154 Tampa, Fl. 33612

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.

Lolita Edge
Signature/Registered Agent

8/21/2009
Date

Katrenia Byrd
Signature/Incorporator

8/21/2009
Date