

N11000006558

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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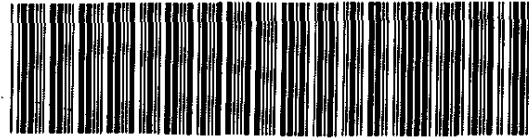
(Business Entity Name)

(Document Number)

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APPROVED
FILED
11 JUL 11 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: POWER OF THREE FOUNDATION 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: NICOLE R. KENNERLY

Name (Printed or typed)

16349 ENCLAVE VILLAGE DRIVE

Address

TAMPA, FL. 33647

City, State & Zip

305-490-8576

Daytime Telephone number

bunicquedivas@gmail.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

ARTICLE I NAME

POWER OF THREE FOUNDATION INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
16349 ENCLAVE VILLAGE DRIVE
TAMPA, FL. 33647

Mailing address, if different is:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The Power of Three Foundation Inc. is a Non-Profit organization dedicated to empowering the community to take action against all forms of violence (verbal, physical, emotional). To empower children to understand and embrace non-bullying in all forms.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

As provided for in the Bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nicole R. Kennerly - President
Address: 16349 Enclave Village Drive
Tampa, Fl. 33647

Name and Title: _____
Address: _____

Name and Title: Brandyce Romer - Vice President
Address: 2067 - I Lake Park Drive SE
Smyrna, GA 30080

Name and Title: _____
Address: _____

Name and Title: Alicia Jones - Secretary/Treasurer
Address: 8808 Brennan Circle Apt. 202
Tampa, Fl. 33615

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Nicole R. Kennerly
Address: 16349 Enclave Village Drive
Tampa, Fl. 33647

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Nicole R. Kennerly
Address: 16349 Enclave Village Drive
Tampa, Fl. 33647

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

Nicole Kennerly
Required Signature of Registered Agent

7/7/11
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Nicole Kennerly
Required Signature of Incorporator

7/7/11
Date