

N11000006697

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

MAIL

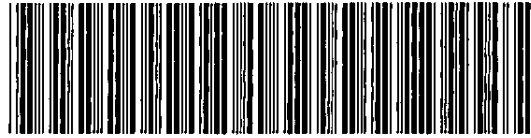
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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11 JUL 15 AM 11:32

DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

11 JUL 15 AM 11:33

Ps 7/15/11

**COVER LETTER**

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

SUBJECT: IMPACT Community Enrichment 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: Kecia F. Robinson  
Name (Printed or typed)

9953 140th ST.  
Address

Live Oak, FL 32060  
City, State & Zip

(386) 697-1704  
Daytime Telephone number

kecia.robinson@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)

## ARTICLE I NAME

The name of the corporation shall be:

Impact community enrichment Center, Inc.

## ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

9953 140th ST.  
Live Oak, FL 32060

Mailing address, if different is:

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To facilitate life enrichment skills for every member of our community (infant-seniors). This will be achieved through career awareness & mapping, mentorship, computer training, communication, education, money management, etiquette & manners, after school tutorials, youth sports leagues, adult education classes, a fine arts academy, family counseling and employment opportunities.

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:  
As stated in bylaws

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kedia F. Robinson, Director  
Address: 9953 140th ST. Pres.  
Live Oak, FL 32060

Name and Title:  
Address:

Name and Title: Shalonda L. Clark Vice-pres.  
Address: 770 SW Symphony Loop  
Apt # 309  
Lake City, FL 32025

Name and Title:  
Address:

Name and Title: Dorothy Daniels officer  
Address: 1510 SW 6th ST.  
Live Oak, FL 32064

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: Kedia F. Robinson  
Address: 9953 140th ST.  
Live Oak, FL 32060

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kedia F. Robinson  
Address: 9953 140th ST.  
Live Oak, FL 32060

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DIVISION OF CORPORATIONS  
11 JUL 15 AM 11:33

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

  
Required Signature of Registered Agent

7/15/11  
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.

  
Required Signature of Incorporator

7/15/11  
Date