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(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
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(Do	cument Number)		
Certified Copies	_ Certificates	of Status	
Special Instructions to I	17		
Mayny	Krame	Laure	
AUTHORIZATION	BY PHONE TO	- Carried	
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SECRETARY OF STATE

MRD 412

11/17-4378

COVER LETTER

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

SUBJECT: Tanzania Girls Psychological Empowerment Corporation (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 C	COPY REQUIRED
		en en en en en en	A. A.
FROM:	Kathy Kramer		
	Name (Pri	nted or typed)	
6655 SW 98 Street			
Address			
	Miami, FL 33156		
	City, S	tate & Zip	
	305-799-8152		
	6655 SWIDENSTINE	lephone number	
2	kaokramer@be	llsouth.net	

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

E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAI The name of the corpora	— I alizalia Gilis Esvelicio	ogical Empov	werment Corporation	
ARTICLE II PRI	NCIPAL OFFICE			
	Principal street address		Mailing address, if different is:	
<u>6</u>	655 SW 98 Street			
M	fiami, FL 33156	-		
ARTICLE III PU	TRPOSE	·		
The purpose for which	the corporation is organized is:			
To serve as a nor	n-profit organization in order to pro	vide health e	education, self empowerment and skill	
training to gins, a	ge 12-15, in Moshi, Tanzania.			
ARTICLE IV MA	NNER OF ELECTION The manner in w	which the director	s are elected and appointed:	
Directors are elec	cted and appointed as interest in th	ne endeavor	is shown to Founders.	
ARTICLE V IN	ITIAL OFFICERS AND/OR DIRECTOR	rs		
Name and Title: K	Kathy Kramer, Founder, Managing Director	Name and Title	:Lauren Kramer, Director	
Address: 6	655 SW 98 Street	Address:	6655 SW 98 Street	
<u>.v</u>	Miami, FL 33156		Miami, FL 33156	
Nome and Title:C	Phority Mouve Founder Director	Nome and Title	::Sara Price Mason, Director	
Address: R	lov 1897	Address:	9820 Glenrock Drive	
M	lox 1897 Toshi Local Believers	. 100. 000.	Las Vegas, NV 89134	
<u>.</u>	Moshi, Tanzania			
Name and Title		Name and Title	::	
Address:		Address:	····	
ARTICLE VI RE	GISTERED AGENT			
	street address (P.O. Box NOT acceptable) of t	the registered age	nt is:	
Name:	Kathy Kramer			
Address:	6655 SW 98 Street		₹ →	
	Miami, FL 33156		PEE 12	
ARTICLE VII INC	CORPORATOR		基型 表 三	
The name and address			S 23	
	Kathy Kramer		m - m	
	6655 SW 98 Street			
	Miami, FL 33156		153	
			<u> </u>	
Uguing been named as	registered agout to googet service of traces	e for the above	stated corporation at the place designated in this	
	with and accept the appointment as registere			
)			
DOCKA-102			100 11 20012	
man and	Required Signature of Registered Agent		Date	
4.			f. manager	
I subplit 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 Sta	ite donstitutes a third degree felony as provide	d for in s.817.15:	5, R.T.	
beliant	1		100 11. 2010	

Required Signature of Incorporator