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. PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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2295-W12,00030425



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COVER LETTER

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

SUBJECT: Empowerment Community Connections, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original	and one (1) copy of the A	rticles of Incorporation and	d 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	ADDITIONAL COPY REQUIRED	

P.O. BOX 536872

Address

ORLANDO, FL 32853

City, State & Zip

407-892-3439

603 Aver Destribute (Releasehone number

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VISICA OF CORPORATIONS

12 JUN 11 PH 2: 19

INFO@SOLDOUT2CHRIST.COM

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

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

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THEORETERS OF STATE

June 4, 2012

DEMETRIUS CRANE POST OFFICE BOX 536872 ORLANDO, FL 32853

SUBJECT: EMPOWERMENT COMMUNITY CONNECTIONS, INC.

Ref. Number: W12000030433

We have received your document for EMPOWERMENT COMMUNITY CONNECTIONS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0803, Florida Statutes, requires that the board of directors never have fewer than three directors.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 612A00015824

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ARTICLES OF INCORPORATION

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

FILEU

ARTICLE I	NAME Empowerment Com	munity Connection	nas Inc	SECRETAL VISION OF	CORPORAT
The name of the c	corporation shall be:	midnity Comicoli	J		
ARTICLE II	PRINCIPAL OFFICE			12 JUN 1 1	PM 2: 1
	Principal street address		Mailin	g address, if differen	
	603 Avenue T Northeast	F	P.O. <u>Box 4274</u>	=	
	Winter Haven, FL 33881		Winter Haven, Fl		
ARTICLE III	PURPOSE				
The purpose for t	which the corporation is organized is:				
See Attachm	nent				
		•			•
ARTICLE IV	MANNER OF ELECTION The manne	r in which the directors	are elected and a	ppointed:	
Directors are	e elected according to the bylaws of	the corporation.			
ARTICLE V	INITIAL OFFICERS AND OR DIREC				
Name and	Tirlo: James E. Lewis, Jr., DP	Name and Title:			
Address:	529 Northride Trail		P.O. Box 919		
	Lakeland, FL 33 <u>813</u>		Lakeland, FL	33804-1921	
	Title:Wayne Ward. DVP				
Name and 1	Title:Wayne Ward, UVP	Name and Title:			
Address:	2508 S. Golfview Drive				
	Plant City, FL 33566				
Address:	Plant City, FL 33566	Address:	- ,		
Address: Name and T	Plant City, FL 33566	Address: Name and Title:	- ,		
Address:	Plant City, FL 33566 Fitte: Sarah Henry, DT/ 617 N. Wates Drive	Address: Name and Title: Address:			
Address: Name and T	Plant City, FL 33566	Address: Name and Title: Address:			
Address: Name and T Address:	Plant City, FL 33566 Fitte: Sarah Henry, DT/ 617 N. Wates Drive	Address: Name and Title: Address:			
Address: Name and T Address: ARTICLE VI	Plant City, FL 33566 Fitte: Sarah Henry, DT/ 617 N. Wates Drive Lake Wates, FL 33853 REGISTERED AGENT orida street address (P.O. Box NOT acceptable)	Address: Name and Title: Address:			
Address: Name and Taddress: ARTICLE VI The name and F1 Name:	Plant City, FL 33566 Fitte: Sarah Henry, DT/ 617 N. Wates Drive Lake Wales, FL 33853 REGISTERED AGENT orida street address (P.O. Box NOT acceptable James E. Lewis, Jr.	Address: Name and Title: Address: of the registered agen			
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Address: Name and Taddress: ARTICLE VI The name and F1 Name: Address: ARTICLE VII The name and address:	Plant City, FL 33566 Fitic: Sarah Henry, DT/ 617 N. Wales Drive Lake Wales, FL 33853 REGISTERED AGENT orida street address (P.O. Box NOT acceptable James E. Lewis, Jr. 529 Northride Trail Lakeland, FL 33813 INCORPORATOR Idress of the Incorporator is: James E. Lewis, Jr. 529 Northride Trail	Address: Name and Title: Address: of the registered agen			
Address: Name and Taddress: ARTICLE VI The name and F1 Name: Address: ARTICLE VII The name and ad Name:	Plant City, FL 33566 Fitte: Sarah Henry, DT/ 617 N. Wates Drive Lake Wales, FL 33853 REGISTERED AGENT orida street address (P.O. Box NOT acceptable James E. Lewis, Jr., 529 Northride Trail Lakeland, FL 33813 INCORPORATOR Idness of the Incorporator is: James E. Lewis, Jr.	Address: Name and Title: Address: of the registered agen			

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

Empowerment Community Connections, Inc.

ARTICLE III PURPOSE:

This corporation is organized exclusively for religious and charitable purposes as specified in Section 501(c)(3) of the Internal Revenue Code, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

This corporation will not attempt to influence legislation as a substantial part of its activities and will not participate at all in campaign for or against political candidates.

In addition, none of the earnings of the corporation will inure to any private shareholder or individual, except for reasonable compensation for services rendered.

If the corporation dissolves, its assets must be distributed for an exempt purpose within the meaning of Section 501(c)(3) of the Internal Revenue Code.