

N13000006635

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

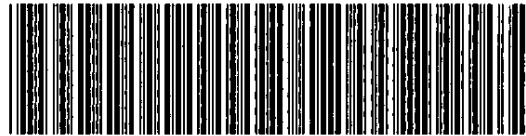
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Rhonda Lowe **GAVE**
AUTHORIZATION BY PHONE TO
CORRECT Article IV
DATE 7/25/13
DOC. EXAM MRB

Office Use Only



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13 JUL 22 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRB
7/25/13

COVER LETTER

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

SUBJECT: Empowering Young Ladies To Succeed Mentoring Program 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: Rhonda Lowe
Name (Printed or typed)

11551 Whisperingbrook Lane
Address

Jacksonville, FL 32218
City, State & Zip

904-566-2144
Daytime Telephone number

eylsmentoring2@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: Empowering Young Ladies To Succeed Mentoring Program Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

11551 Whisperingbrook Lane

Jacksonville, FL 32218

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Provide mentoring to youth in high crime area, forming a connection between parents, child, teacher and community. Bringing positive role models into the lives of young ladies.

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

Appointed

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rhonda Lowe(President) Name and Title: Charmaine Lowe(Director)

Address: 11551 Whisperingbrook Lane Address: 11551 Whisperingbrook Ln
Jacksonville, FL 32218 Jacksonville, FL 32218

Name and Title: Cathree Jelks(Secretary) Name and Title: Curtis Lowe (CFO)

Address: 12154 Big Gum Dr. Address: 1642 S Idiala Cir. Unit # F
Jacksonville, FL 32218 Aurora Co. 80017

Name and Title: Curtis Lowe (Vice-President) Name and Title: _____

Address: 11551 Whisperingbrook Lane Address: _____
Jacksonville, FL 32218

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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13 JUL 22 PM 1: 22

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Rhonda Lowe

Address: 11551 Whisperingbrook Lane
Jacksonville, FL 32218

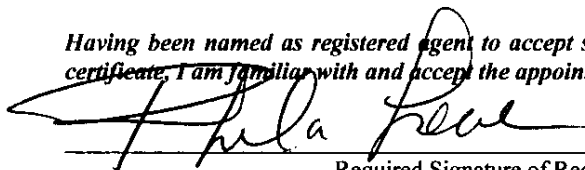
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Rhonda Lowe

Address: 11551 Whisperingbrook Lane
Jacksonville, FL 32218

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

7/17/2013

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

7/17/2013

Date