

N/3000008524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

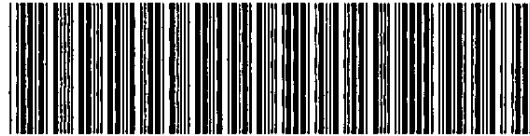
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

✓ 09/23/13

Williams Education and Enrichment Program

9050 Pines Boulevard Suite 425, Pembroke Pines, Florida 33024

www.weepcourses@yahoo.com

P: 954-272-6108

www.williamseducationfl.com

F: 954-272-6109


Amendment Section
Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314
September 4th, 2013

Dear Sir/Madam,

I do not intend to revoke the dissolution for *Williams Education and Enrichment Program LLC* and I release the name for use as a non-profit company. Please note that I have enclosed my *Articles of Dissolution* as well as my *Not for Profit Articles of Incorporation*.

My intentions are to ultimately convert my for profit business *Williams Education and Enrichment LLC* into a not for profit organization (*Williams Education and Enrichment Program Inc.*), hence the enclosure of my documents.

Regards,



Tameka Williams,
President

COVER LETTER

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

SUBJECT: Williams Education and Enrichment 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: Tameka Williams
Name (Printed or typed)

9050 Pines Boulevard Suite 425
Address

Pembroke Pines, Florida 33024
City, State & Zip

954-272-6108 or 954-394-7005
Daytime Telephone number

weepcourses@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: Williams Education and Enrichment Program Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
9050 Pines Boulevard Suite 425

Mailing address, if different is:

N/A

Pembroke Pines Florida 33024

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

This nonprofit organization will be dedicated to ensuring the social and educational empowerment
of all its participants through mentoring, as well as community outreach programs. These programs will consist of a
variety of seminars that teach everyday coping skills needed for interaction in today's society (in regards to
family, employment and your personal life), as well as continuing education courses.

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

By majority vote of the Board members

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tameka Williams/President
Address: 9050 Pines Blvd. Suite 425
Pembroke Pines, Florida 33024

Name and Title: Hectorine Brown/Director
Address: 9050 Pines Blvd. Suite 425
Pembroke Pines, Florida 33024

Name and Title: Caroline Rolison/Director
Address: 9050 Pines Blvd. Suite 425
Pembroke Pines, Florida 33024

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Tameka Williams
Address: 9050 Pines Boulevard Suite 425
Pembroke Pines Florida 33024

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Tameka Williams
Address: 9050 Pines Boulevard Suite 425
Pembroke Pines Florida 33024

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

09/04/2013

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

09/04/2013

Date