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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 MAY - 1 AM 10:20  
01400023901  
\* WS 5/6/14  
\* CC

**COVER LETTER.**

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

**SUBJECT: LORD SHEPARD WOMEN EMPOWERMENT**  
(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: ADEYINKA OBAJIMI**  
Name (Printed or typed)

**19448 SW 27 STREET**  
Address

**MIRAMAR, FL. 33029**  
City, State & Zip

**954-793-2486**  
Daytime Telephone number

**LSWE@YAHOO.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

April 15, 2014

ADEYINKA OBAJIMI  
19448 SW 27 STREET  
MIRAMAR, FL 33029

SUBJECT: LORD SHEPARD WOMEN EMPOWERMENT  
Ref. Number: W14000023901

We have received your document for LORD SHEPARD WOMEN EMPOWERMENT and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return 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.

Carol Mustain  
Regulatory Specialist II

Letter Number: 414A00008094

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: LORD SHEPARD WOMEN EMPOWERMENT, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

19448 SW 27 STREET

MIRAMAR, FLORIDA 33029

Mailing address, if different is:

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 MAY - 1 AM 10:20

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: DEDICATED TO INSPIRED LIVES OF WOMEN OF DISADVANTAGED BY  
SOCIAL OR ECONOMIC CIRCUMSTANCES. THE ORGANIZATION WILL  
CREATE A POWERFUL NETWORK TO ENHANCE, EDUCATE WOMEN OF ALL AGES,  
DIVERSE CULTURE AND BACKGROUND TO ACHIEVE THEIR FUTURE PRESENTING  
OPPORTUNITIES FOR SPIRITUAL, HEALTH WELLNESS, AND ECONOMIC  
TRANSFORMATION. THIS WILL ALSO THEREBY, STRENGTHENING FAMILIES AND  
TRANSFORM COMMUNITIES

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: SUBJECT  
TO CHANGE UPON THE DIRECTOR APPROVAL

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: ADEYINKA OBAJIMI, DIRECTOR

Address: 19448 SW 27 STREET,  
MIRAMAR, FLORIDA  
33029

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: GRACE OKEGBOLA, SECRETARY

Address: 17088 NW 19 STREET  
PEMBROKE PINE,  
FLORIDA, 33028

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: OLUWAYINKA ABOLARIN, ADVISORY

Address: 1021 NE 154 TERR,  
NORTH MIAMI, FL.  
33162

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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: ADEYINKA OBAJIMI

Address: 19448 SW 27 STREET

MIRAMAR, FL. 33029

**ARTICLE VII INCORPORATOR**

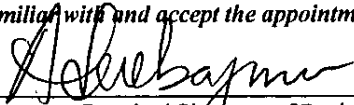
The name and address of the Incorporator is:

Name: ADEYINKA OBAJIMI

Address: 19448 SW 27 STREET

MIRAMAR, FL. 33029

*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*

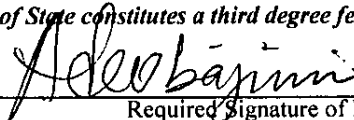


Required Signature of Registered Agent

4/4/2014

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

4/4/2014

Date