# 114000004697

(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:				

B. WIYUUN24503



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DIVISION OF CORPOR KREWS

## **COVER LETTER**

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

SUBJECT: Empowering 4 Purpose, Incorporated

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

arclosed is all original and one (1) copy of the Afficies 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 CO	PV DECITOED	

P.O. Box 6112

Address

Gainesville, FL 32627

City, State & Zip

(352) 256-0944

Daytime Telephone number

empowering4purpose@gmail.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	f the corporation shall be: Empowering  II PRINCIPAL OFFICE		
	Principal <u>street</u> address: 701 SW 13th Street, #B07	Mailing address, if different P.O. Box 6112	nt is:
<u>-</u>	Sainesville, FL 32608	Gainesville, 32627	
The go	e communites with knowled oal is to enrich and improve	ovide individuals and familie ge and skills needed for effe the quality of life by providir protective factors that preve	ective living. ng skills
	vulnerability.		
ADTICLE	THE MANIPOOP PLECTION The con-	anner in which the directors are elected and annoint	by Founder & President
ARTICLE	V INITIAL OFFICERS AND/OR DI		by Founder & President
ARTICLE  Name and	<b>V INITIAL OFFICERS AND/OR DI</b> Title: Lakesha Bowie, Founder & President	RECTORS  Name and Title:	by Founder & President
ARTICLE	E V INITIAL OFFICERS AND/OR DI Citle: Lakesha Bowie, Founder & President 2701 SW 13th Street	RECTORS	by Founder & President
ARTICLE  Name and	<b>V INITIAL OFFICERS AND/OR DI</b> Title: Lakesha Bowie, Founder & President	RECTORS  Name and Title:	by Founder & President led:  DIVICE CARE HAY
ARTICLE Name and	Lakesha Bowie, Founder & President  2701 SW 13th Street  Apt. B7  Gainesville, FL	RECTORS  Name and Title:  Address:	DIVISION OF CO.
ARTICLE Name and T Address Name and T	Lakesha Bowie, Founder & President  2701 SW 13th Street  Apt. B7  Gainesville, FL	RECTORS  Name and Title:	DIVISION OF CORPOR
ARTICLE Name and	C V INITIAL OFFICERS AND/OR DID  Title: Lakesha Bowie, Founder & President  2701 SW 13th Street  Apt. B7  Gainesville, FL  Title: Natasha Bowie, Vice-President	Name and Title:  Address:  Name and Title:	DIVISION OF CORP
ARTICLE Name and T Address Name and T	C V INITIAL OFFICERS AND/OR DE Citle: Lakesha Bowie, Founder & President 2701 SW 13th Street Apt. B7 Gainesville, FL Citle: Natasha Bowie, Vice-President 100 NW 146th Dr	Name and Title:  Address:  Name and Title:	DIVISION OF CORPOR
ARTICLE Name and T Address Name and T	C V INITIAL OFFICERS AND/OR DID  Title: Lakesha Bowie, Founder & President  2701 SW 13th Street  Apt. B7  Gainesville, FL  Title: Natasha Bowie, Vice-President  100 NW 146th Dr  Apt. 127  Newberry, FL 32669	Name and Title:  Address:  Name and Title:	DIVISION OF CORPORATIONS  TO MAY 15 AM 9: 49
ARTICLE Name and T Address Name and T Address	C V INITIAL OFFICERS AND/OR DID  Title: Lakesha Bowie, Founder & President  2701 SW 13th Street  Apt. B7  Gainesville, FL  Title: Natasha Bowie, Vice-President  100 NW 146th Dr  Apt. 127  Newberry, FL 32669	Name and Title:  Address:  Name and Title:  Address:	DIVISION OF CORPORATIONS  TO MAY 15 AM 9: 49

Name and Title:_	Name and Title:		*****************
Address	Address:		
Name and Title:_	Name and Title:		
Address	Address:		<del> </del>
·			MAY _
ARTICLE VI	REGISTERED AGENT	or a complete	<b>の 当</b>
Name:	orida street address (P.O. Box NOT acceptable) of the regise Lakesha Bowie	rered agent is:	A CORRESPONDED
Address:	2701 SW 13th St., #B07	•	5. † ·6
	Gainesville, FL 32608		i de la companya de l
ARTICLE VII	INCORPORATOR	SW 13th St nesuille, Fl	2/14
The name and ad	dress of the Incorporator is:	ا إر	90
Name:	Lakesha Bowie	ام ملام بالمرا	1 1 20
Address:	P.O. Box 6112/11 270	SW 13TH St	- Apt D/
	Gainesville, EL 32627 Gau	nesville, fl	_ 32608
	ned as registered agent to accept service of process for the		
certificate 1 am ja	umiliar with and accept the appointment as registered agent	and agree to act in this capacity	, , ) <sub>  H</sub>
	Required Signature of Registered Agent		Date
I submit this document to the Department	ment and affirm that the facts stated herein are true. I um to state constitutes a third degree felony us provided for in	tware that ony faise information x.817.155, F.S.	n submitted in a document
1710	Required Signature of Incorporator		Date Date

Date of this notice: 04-25-2014

Employer Identification Number:

46-5493077

Form: SS-4

Number of this notice: CP 575 E

EMPOWERING 4 PURPOSE PO BOX 6112 GAINESVILLE, FL 32627

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

### WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 46-5493077. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it's very important that you use your EIN along with your complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information shown above isn't correct, please send us the correction using the attached tear-off stub.

Annual filing requirements

Most organizations with an EIN have an annual filing requirement, even if they engage in minimal or no activity.

A. If you are tax exempt, you may be required to file one of the following returns or notices:

Form 990, Return of Organization Exempt From Income Tax Form 990-EZ, Short Form Return of Organization Exempt From Income Tax Form 990-PF, Return of Private Foundation Form 990-N, e-Postcard (available online only)

Additionally, you may be required to file your annual return electronically.

If an organization required to file a Form 990, Form 990-PF, Form 990-EZ, or Form 990-N does not do so for three consecutive years, its tax-exempt status is automatically revoked as of the due date of the third return or notice.

Please refer to www.irs.gov/990filing for the most current information on your filing requirements.

B. If you are not tax-exempt, you may be required to file one of the following returns:

Form 1120, U.S. Corporation Income Tax Return Form 1041, U.S. Income Tax Return for Estates and Trusts Form 1065, U.S. Return of Partnership Income

Please refer to Publication 1635, Understanding Your EIN, for more information about which forms you may be required to file.

### Applying for Tax-Exempt Status

Receiving an EIN from the IRS is not the same thing as receiving IRS recognition of tax-exempt status. To apply for formal recognition of tax-exempt status, most organizations will need to complete either Form 1023, Application for Recognition Under Section 501(c)(3) of the Internal Revenue Code, or Form 1024, Application for Recognition of Exemption Under Section 501(a). Submit the completed form, all applicable attachments, and the required user fee to:

Internal Revenue Service PO Box 12192 Covington, KY 41012-0192

Publication 557, Tax Exempt Status for Your Organization, has details on the application, process as well as information on returns you may need to file.

### Additional information

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you don't have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

### IMPORTANT REMINDERS:

- \* Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- \* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- \* Refer to this EIN on your tax-related correspondence and documents.
- \* Provide future officers of your organization with a copy of this notice.

If you have questions about your EIN, you can contact us using the phone number or address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you don't need to write us, please don't complete and return this stub.

Your name control associated with this EIN is EMPO. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

(IRS USE ONLY) 575E

04-25-2014 EMPO O 999999999 SS-4

Keep this part for your records. CP 575 E (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 E

999999999

Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 04-25-2014 EMPLOYER IDENTIFICATION NUMBER: 46-5493077 FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023 Mahbhhhhhhhhhlallanlanbhhlhlal EMPOWERING 4 PURPOSE PO BOX 6112 GAINESVILLE, FL 32627