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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2014 NOV -4 AM 11:03
TALLAHASSEE, FLORIDA
SUFFICIENCY OF FILING

APPROVED
AND
FILED
14 NOV -4 AM 11:09
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

COVER LETTER

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

SUBJECT: **ELS Empowerment Foundation, 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: **Kelley Bolden Bailey, Ph.D.**
Name (Printed or typed)

749 Silver Maple Drive
Address

Tallahassee, FL 32308
City, State & Zip

(850) 212-4157
Daytime Telephone number

kelley_bailey@hotmail.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)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be: ELS Empowerment Foundation, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address:

749 Silver Maple Drive

Tallahassee, FL 32308

SECRETARY OF STATE
Tallahassee, FLORIDA

Mailing address:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To empower servant-leaders through educational, leadership, service, and networking experiences.

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

Board of Directors will be elected every two (2) years or as needed.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kelley Bolden Bailey, President

Address: 749 Silver Maple Drive
Tallahassee, FL 32308

Name and Title: Hazel Ruth Bolden, Vice President

Address: 1126 Glen Echo
Houston, TX 77088

Name and Title: Altamese Osborne, Sec./Tres.

Address: 1126 Glen Echo
Houston, TX 77088

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

APPROVED
AND
FILED

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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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: Kelley Bolden Bailey, Ph.D.

Address: 749 Silver Maple Drive

Tallahassee, FL 32308

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kelley Bolden Bailey, Ph.D.

Address: 749 Silver Maple Drive

Tallahassee, FL 32308

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

Kelley Bolden Bailey
Required Signature of Registered Agent

11/4/2014

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.

Kelley Bolden Bailey
Required Signature of Incorporator

11/4/2014

Date