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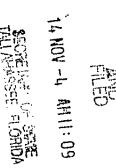


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SIRTING AND AND FILLING

DEFASION OF STATE OF



COYER 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)

Enclo	sed i	s an	original	and	one ((1)	copy	of	the	Artic	les o	of i	Incorporati	ion and	a c	heck	fo	r:
																	_	_

\$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)



The name of the	e corporation shall be: ELS Empowe	erment Fo	undation, Inc.	
749	Principal street address: Silver Maple Drive		Mailing address at differences. FLORIDA	
Tall	ahassee, FL 32308			
	PURPOSE r which the corporation is organized is: To ip, service, and networking		servant-leaders through educationa	, -
4				
	irectors will be elected every two	(2) years or		
Name and Title	Kelley Bolden Bailey, President	_	Hazel Ruth Bolden, Vice President	
Address	749 Silver Maple Drive Tallahassee, FL 32308	Address:	1126 Glen Echo Houston, TX 77088	
Name and Title Address	1126 Glen Echo	Name and Title:		
	:			
Address		Address:		



Name and Title	e: Name and Title:	
Address	Address:	14 NOV -4 AM II: 09
		SECRETURA DE SERVE TALLAHASSEE FLORIDA
Name and Title	e:Name and Title:	
Address	Address:	
ARTICLE VI The <u>name and</u>	REGISTERED AGENT 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	I INCORPORATOR address of the Incorporator is:	
Name:	Kelley Bolden Bailey, Ph.D.	
Address:	749 Silver Maple Drive	
Address.	Tallahassee, FL 32308	
	named as registered agent to accept service of process for the aboven familiar with and accept the appointment as registered agent and a	
Jallo.	es tologa to elos	11/4/2014
	Required Signature of Registered Agent	Date
I aukhiit thia da	ocument and affirm that the facts stated herein are true. I am aware	that any false information submitted in a docu
to the Departme	ent of State constitutes a third degree felopy as provided for in s.817	7.155, F.S.
to the Departme	ent of State constitutes a third degree felony as provided for in s.817	11/4/2014