

N 14 0000 10495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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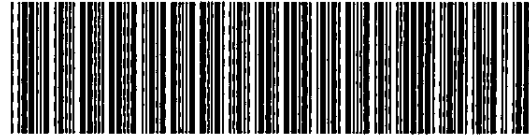
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11/17/14

## COVER LETTER

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

**SUBJECT:** Community Empowerment Institute 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: Antilla Fagan  
\_\_\_\_\_  
Name (Printed or typed)  
  
18 Ethan Allen Drive  
\_\_\_\_\_  
Address  
  
Palm Coast, FL 32164  
\_\_\_\_\_  
City, State & Zip  
  
904-417-8602  
\_\_\_\_\_  
Daytime Telephone number  
  
talkmortgage@gmail.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

**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** Community Empowerment Institute Inc.  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
18 Ethan Allen Dr

Palm Coast, Fl 32164

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**ARTICLE III PURPOSE** To provide counselling, Education, Resources, Financial  
The purpose for which the corporation is organized is: \_\_\_\_\_  
Literacy Training, Real Estate, Housing, Green Technology and Employment Opportunities.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: \_\_\_\_\_  
The By Laws

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

Name and Title: Peter J. Fagan (Pres.) Address: 18 Ethan Allen Drive Palm Coast, Fl 32164	Name and Title: Paul Mercado (Sec) Address: 67 Woodside Drive Palm Coast, Fl 32164
-------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------

Name and Title: Antilla Fagan (V.Pres) Address: 18 Ethan Allen Drive Palm Coast, Fl 32164	Name and Title: Lorraine Witteman (Dir) Address: 54 Bannbury Lane Palm Coast, Fl 32137
-------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------

Name and Title: Dimitra Celentano (Treasurer) Address: 101 Eric Drive Palm Coast, Fl 32164	Name and Title: _____ Address: _____
--------------------------------------------------------------------------------------------------	-----------------------------------------

**Corporation name: Community Empowerment Institute Inc.**

**Article III**

**(b) Dissolution:**

Upon the winding up and dissolution of this business the assets will go to a similarly situated Non Profit, not an individual, after all debts and obligations are paid; within the meaning section 501 (C) (3) of the Internal Revenue Code of 1986.

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: Antilla Fagan

Address: 18 Ethan Allen Drive

Palm Coast, FL 32164

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Antilla Fagan

Address: 18 Ethan Allen Drive

Palm Coast, FL 32164

*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*

*Antilla Fagan*

Required Signature of Registered Agent

11/7/14  
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.*

*Antilla Fagan*

Required Signature of Incorporator

11/7/14  
Date

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