116000002093

(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

MAR' 0 1 2016'

T. SCOTT



600282786576

03/01/16--01007--007 **79.00

SUFFICIENCY OF FILING

16 HAR - 1 AM 9: 06

RECEIVED

16 MAR -1 AH 9: 15

COVER LETTER

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

SUBJECT: Works Employed Corporate NAME-MUST INCLUDE SUFFIX)

Enclosed is an original a	and one (1) copy of the Ar	ticles 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	PY REQUIRED

FROM: Denise Scott Shorter

Name (Printed or typec)

Address

Tall Fl 32310

City, State & Zip

SSD-12380

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 corporation shall be: Whomen Employing Each other Inc
ARTICLE II PRINCIPAL OFFICE
Principal street address: Mailing address, if different is:
Tallahassee F132310
ARTICLE III PURPOSE
The purpose for which the corporation is organized is: 10 provide in bolded in bomosion
faced is ith Economic Struggles & hardships to Empower
and provide a sense of encouragment empowering them
To be self sufficient. Were will provide the community
with various projects, Mentoring længge girls providing a
positive support system to overcome life abovenges. See Attacked
ARTICLE IV MANNER OF ELECTION The markers in which the directors are elected and appointed:
<u>ADPointed</u>
ARTICLE V INITIAL OFFICERS AND OR DIRECTORS
Director D. (1)
Name and Title: Denise Scott Shorter Name and Title: 13 rana Golder 11
Address Address: Address:
1411 F1 32310 19110hasse F1 20210
Name and Title: Stalandia MCV in Seyl Name and Fitle:
Address Address: Address:
TAIL FI 32310
Name and Title: Shena Trace / PRSidRame and Title:
Address: Address:
Dunicy F 323
7475 Wres Dr
TAIL F1 32310

Address Address: Address Address: ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address: Address: ARTICLE VIII INCORPORATOR The name and address of the Incorporator is: Name: Address: ARTICLE VIII INCORPORATOR The name and address of the Incorporator is: Name: Address: ARTICLE VIII EFFECTIVE DATE: (OPTIONAL) If an effective date; is listed, the date of liling: (If an effective date; is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.) Nate: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Having been named aspregistered agent to accept service of process for the above stated corporation at the place designated in this certificate, and Junially with hip accept the appointment as registered agent and agree to act in this capacity Required Signature of Registered Agent I submit this document, and affire, 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 thirt despress leavy as provided for in s.817.155, F.S. All Date Required Signature of Incorporator	Name and Title:	Name and Title:
Address: ARTICLE VII REGISTERED AGENT. The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address: ARTICLE VII INCORPORATOR The name and address of the incorporator is: Name: Address: ARTICLE VIII INCORPORATOR The name and address of the incorporator is: Name: ARTICLE VIII EFFECTIVE DATE: The control of the date of filling: (OPTIONAL) (OPTIONAL) (If an effective date is listed, the date on filling: (In an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filling.) Nate: If the date inserted in this block does not meet the applicable statutory filling requirements, this date will not be listed as the document's effective date on the Department of State's records. Having been named asyregistared agent to accept service of process for the above stated corporation at the place designated in this certificate; and familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature of Registered Agent 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.	Address	Address:
Address: ARTICLE VII REGISTERED AGENT. The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address: ARTICLE VII INCORPORATOR The name and address of the incorporator is: Name: Address: ARTICLE VIII INCORPORATOR The name and address of the incorporator is: Name: ARTICLE VIII EFFECTIVE DATE: The control of the date of filling: (OPTIONAL) (OPTIONAL) (If an effective date is listed, the date on filling: (In an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filling.) Nate: If the date inserted in this block does not meet the applicable statutory filling requirements, this date will not be listed as the document's effective date on the Department of State's records. Having been named asyregistared agent to accept service of process for the above stated corporation at the place designated in this certificate; and familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature of Registered Agent 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.		
Address: ARTICLE VII REGISTERED AGENT. The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address: ARTICLE VII INCORPORATOR The name and address of the incorporator is: Name: Address: ARTICLE VIII INCORPORATOR The name and address of the incorporator is: Name: ARTICLE VIII EFFECTIVE DATE: The control of the date of filling: (OPTIONAL) (OPTIONAL) (If an effective date is listed, the date on filling: (In an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filling.) Nate: If the date inserted in this block does not meet the applicable statutory filling requirements, this date will not be listed as the document's effective date on the Department of State's records. Having been named asyregistared agent to accept service of process for the above stated corporation at the place designated in this certificate; and familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature of Registered Agent 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.		
Address: ARTICLE VII REGISTERED AGENT. The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address: ARTICLE VII INCORPORATOR The name and address of the incorporator is: Name: Address: ARTICLE VIII INCORPORATOR The name and address of the incorporator is: Name: ARTICLE VIII EFFECTIVE DATE: The control of the date of filling: (OPTIONAL) (OPTIONAL) (If an effective date is listed, the date on filling: (In an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filling.) Nate: If the date inserted in this block does not meet the applicable statutory filling requirements, this date will not be listed as the document's effective date on the Department of State's records. Having been named asyregistared agent to accept service of process for the above stated corporation at the place designated in this certificate; and familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature of Registered Agent 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.	Name and Title	Name and Title:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address: ARTICLE VII INCORPORATOR The name and address of the incorporator is: Name: Address: ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: O(PTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five husiness days prior or 90 business days after the filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Having been named astregistared agent to accept service of process for the above stated corporation at the place designated in this certificates an familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature of Registered Agent 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.		
ARTICLE VII REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address: ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address: ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Having been named aspregishing agent to accept the appointment as registered agent and agree to act in this capacity Required Signature of Registered Agent 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.		Audress:
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address: Address: ARTICLE VII INCORPORATOR The name and address of the incorporator is: Name: Address: ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filling: (If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filling.) Note: If the date inserted in this block does not meet the applicable statutory filling requirements, this date will not be listed as the document's effective date on the Department of State's records. Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate of am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature of Registered Agent 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.		
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address: Address: ARTICLE VII INCORPORATOR The name and address of the incorporator is: Name: Address: Address: ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five husiness days prior or 90 business days after the filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate of an familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature of Registered Agent 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.		
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address: Address: ARTICLE VII INCORPORATOR The name and address of the incorporator is: Name: Address: Address: ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate of am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature of Registered Agent 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.	ARTICLE VI REGISTERED AGENT.	
ARTICLE VII INCORPORATOR The name and address of the incorporator is: Name: Address: Address: ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Having been named aspregistanced agent to accept service of process for the above stated corporation at the place designated in this certificate of an familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature of Registered Agent 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.		otable) of the registered agent is:
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address: Address: Address: ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificates am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature of Registered Agent 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.	Name: Denise of	Soder
The name and address of the Incorporator is: Name: Address: Address: ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Having been named aspregistered agent to accept service of process for the above stated corporation at the place designated in this certificates am familia with and accept the appointment as registered agent and agree to act in this capacity Required Signature of Registered Agent 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.	Address: 7475 Wrea 1)(
The name and address of the Incorporator is: Name: Address: Address: Effective date, if other than the date of filing: (If an effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Having been named astregistored agent to accept service of process for the above stated corporation at the place designated in this certificate. I am familian with and accept the appointment as registered agent and agree to act in this capacity Required Signature of Registered Agent 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.	Tallahassee F	132310
The name and address of the Incorporator is: Name: Address: Address: Effective date, if other than the date of filing: (If an effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Having been named astregistored agent to accept service of process for the above stated corporation at the place designated in this certificate. I am familian with and accept the appointment as registered agent and agree to act in this capacity Required Signature of Registered Agent 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.	(iii	
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Having been named as registored agent to accept service of process for the above stated corporation at the place designated in this certificate of am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature of Registered Agent 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.		
ARTICLE VIII _EFFECTIVE DATE: Effective date, if other than the date of filing:	Name: Denise South	hoster .
Effective date, if other than the date of filing:	Address: 7475 Mrco Do	
Effective date, if other than the date of filing:	TAN F1 323	<u>10</u>
Effective date, if other than the date of filing:	ARTICLE VIII EFFECTIVE DATE:	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate of an familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature of Registered Agent 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.	Effective date, if other than the date of filing:	
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate of am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature of Registered Agent 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.		d cannot be more than five business days prior in 20 husiness days
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate of am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature of Registered Agent 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 Registered Agent 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.	document's effective date on the Department of State's reco	ras,
Required Signature of Registered Agent 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.		
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.	cerajicanes am jaminda wan and accept the appointment a	s registered agent and agree to act it this capacity
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 Registered	Agent Date
to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.		t
Required Signature of Incorporator 3 1 2016		
Date	1 MOTH MOROL	3/11/2016
\mathbf{l}	Required Signature of Incor	porator

SAID ORGANIZATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, EDUCATIONAL, AND SCIENTIFIC PURPOSES, INCLUDING, FOR SUCH PURPOSES, THE MAKING OF DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS UNDER SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE.

NO PART OF THE NET EARNINGS OF THE ORGANIZATION SHALL INURE TO THE BENEFIT OF, OR BE DISTRIBUTABLE TO ITS MEMBERS, TRUSTEES, OFFICERS, OR OTHER PRIVATE PERSONS, EXCEPT THAT THE ORGANIZATION SHALL BE AUTHORIZED AND EMPOWERED TO PAY REASONABLE COMPENSATION FOR SERVICES RENDERED AND TO MAKE PAYMENTS AND DISTRIBUTIONS IN FURTHERANCE OF THE PURPOSES SET FORTH IN THE PURPOSE CLAUSE HEREOF. NO SUBSTANTIAL PART OF THE ACTIVITIES OF THE ORGANIZATION -SHALL BE THE CARRYING ON OF PROPAGANDA, OR OTHERWISE ATTEMPTING TO INFLUENCE LEGISLATION, AND THE ORGANIZATION SHALL NOT PARTICIPATE IN, OR INTERVENE IN (INCLUDING THE PUBLISHING OR DISTRIBUTION OF STATEMENTS) ANY POLITICAL CAMPAIGN ON BEHALF OF ANY CANDIDATE FOR PUBLIC OFFICE. NOTWITHSTANDING ANY OTHER PROVISION OF THIS DOCUMENT, THE ORGANIZATION SHALL NOT CARRY ON ANY OTHER ACTIVITIES NOT PERMITTED TO BE CARRIED ON (A) BY AN ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE, OR (B) BY AN ORGANIZATION, CONTRIBUTIONS TO WHICH ARE DEDUCTIBLE UNDER SECTION 170 (C)(2) OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE.

UPON THE DISSOLUTION OF THE ORGANIZATION, ASSETS SHALL BE DISTRIBUTED FOR ONE OR MORE EXEMPT PURPOSES WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE, OR SHALL BE DISTRIBUTED TO THE FEDERAL GOVERNMENT, OR TO A STATE OR LOCAL GOVERNMENT, FOR A PUBLIC PURPOSE. ANY SUCH ASSETS NOT DISPOSED OF SHALL BE DISPOSED OF BY THE COURT OF COMMON PLEAS OF THE COUNTY IN WHICH THE PRINCIPAL OFFICE OF THE ORGANIZATION IS THEN LOCATED, EXCLUSIVELY FOR SUCH PURPOSES OR TO SUCH ORGANIZATION OR ORGANIZATIONS, AS SAID COURT SHALL DETERMINE, WHICH ARE ORGANIZED AND OPERATED EXCLUSIVELY FOR SUCH PURPOSES.