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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : CLARA GIRALDO, P.A.

Account Number : **I19990000017**Phone : (305)485-9300
Fax Number : (305)485-1098

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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# FLORIDA PROFIT/NON PROFIT CORPORATION EMPOWERED MOMS, CORP.

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## **ARTICLES OF INCORPORATION**

## FOR

#### EMPOWERED MOMS, CORP.

The undersigned, acting as incorporator(s) of a corporation pursuant to chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation:

## **ARTICLE I NAME**

The name of the corporation shall be: EMPOWERED MOMS, CORP.

# ARTICLE II PRINCIPAL PLACE OF BUSNIESS AND MAILING ADDRESS

The principal place of business and the mailing address of this corporation shall be:

14969 SW 8 TERRACE MIAMI, FL 33194

# **ARTICLE III PURPOSE(S)**

The specific purpose(s) for which the corporation is organized is (are): National and International Charities help to the needy.

# **ARTICLE IV MANNER OF ELECTION OF DIRECTORS**

The manner in which the directors are elected or appointed is a follows: Shall be started in the minutes and by laws.

ARTICLE V LIMITATION OF CORPORATE POWERS

CLARA GIRALDO P.A. 4080 SW 84 AVENUE SUITE C MIAMI, FL 33155 PH.: (805) 485-9300 The corporate powers of this corporation are as provided in section 917.0302, Florida Statutes, unless limited as follows:

# ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and the street address of the initial registered agent is:

ANA VINA 14969 SW 8 TERRACE MIAMI, FL 33194

## **ARTICLE VII INCORPORATORS**

The name(s) and street address(es) of the incorporator(s) for these Articles of Incorporation is (are):

ANA VINA 14969 SW 8 TERRACE MIAMI, FL 33194 PRESIDENT

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 02 day of November 2017

Signature(s) of the Incorporator(s)

Ama Vinci

Typed name of incorporator signing

CÉARA GIRALDO P.A. 4080 SW 84 AVENUE SUITE C MIAMI, FL 33155 PH.: (305) 485-9300

# **CERTIFICATE OF DESIGNATION**

# REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

The name of the corporation is:

**ANA VINA** 

\_14969 SW 8 TERRACE\_\_

(NAME)

SIGNATURE >

#### EMPOWERED MOMS, CORP.

1. The name and address of the registered agent and office is:

ABLIGATIONS OF MY POSITION AS REGISTERED AGENT.

(P.O. BOX NOT ACCEPTABLE)	
MIAMI, FL 33194	
(CITY/STATE/ZIP)	
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF	
PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNAT	ED IN
THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AC	SENT
AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH	I THE
PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE	

PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE

DATE 11/2/17

CLARA GIRALDO P.A. 4680 SW 84 AVENUE SUITE C 157 AMI, FL 33155 EFE: (305) 485-9300