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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

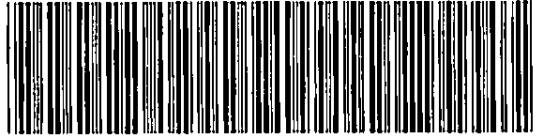
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## COVER LETTER

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

**SUBJECT:** Empowered Girls 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: Felicia Lewis  
\_\_\_\_\_  
Name (Printed or typed)

P.O. Box 681102  
\_\_\_\_\_  
Address

Orlando, FL 32868-1102  
\_\_\_\_\_  
City, State & Zip

407-383-6539  
\_\_\_\_\_  
Daytime Telephone number

Empoweredgirlsinc@gmail.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLE I  
NAME**

**The name of this corporation shall be:**  
Empowered Girls, Inc.

**ARTICLE II  
PRINCIPLE OFFICE**

**The principal Street address shall be:** 7775 Newlan Drive, Orlando, FL 32818

**The mailing address shall be:** P.O. Box 681102, Orlando, FL 32868-1102

**ARTICLE III  
PURPOSE**

This corporation is organized exclusively for charitable and educational purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as now enacted or hereafter amended, including, for such purposes, the making of distributions to organizations that also qualify as Section 501(c)(3) exempt organizations. All funds, whether income or principal, and whether acquired by gift or contribution or otherwise, shall be devoted to said purposes.

**ARTICLE IV  
MANNER OF ELECTION**

Directors shall be elected by the members at the annual meeting of the membership.

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

Directors of the initial board shall serve until the first annual meeting, at which time their successors will be duly elected and qualified, or removed as provided in the bylaws. The eligibility, rights and obligations of the members will be determined by the organization's bylaws. The management of the affairs of the corporation shall be vested in a board of directors, as defined by the corporation's bylaws. No director shall have any right, title, or interest in or to any property of the corporation. The number of directors constituting the initial board of directors is four (4); their names and addresses are as follows:

Chair, Felicia R. Lewis  
P.O. Box 681102  
Orlando, FL 32868-1102

Vice-Chair, Tiffani R. Lewis  
P.O. Box 681102  
Orlando, FL 32868-1102

2018 NOV 27 AM 11:02  
L. L.

Secretary, Donna Enoch  
P.O. Box 681102  
Orlando, FL 32868-1102

Treasurer, Rosa Lewis  
P.O. Box 681102  
Orlando, FL 32868-1102

## **ARTICLE VI LIMITATIONS**

At all times the following shall operate as conditions restricting the operations and activities of the corporation:

1. No part of the net earnings of Innovative Helping Hands, Inc. shall inure to any member of the corporation not qualifying as exempt under Section 501(c)(3) of the Internal Revenue Code of 1986, as now enacted or hereafter amended, nor to any Director or officer of the corporation, nor to any other private persons, excepting solely such reasonable compensation that the corporation shall pay for services actually rendered to the corporation, or allowed by the corporation as a reasonable allowance for authorized expenditures incurred on behalf of the corporation;
2. No substantial part of the activities of Innovative Helping Hands, Inc. shall constitute the carrying on of propaganda or otherwise attempting to influence legislation, or any initiative or referendum before the public, and the corporation shall not participate in, or intervene in (including by publication or distribution of statements), any political campaign on behalf of, or in opposition to, any candidate for public office; and
3. Notwithstanding any other provision of these articles, Innovative Helping Hands, Inc. shall not carry on any other activities not permitted to be carried on by a corporation exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1986, as now enacted or hereafter amended.

## **ARTICLE VII DEBT OBLIGATIONS AND PERSONAL LIABILITY**

No member, officer or Director of this corporation shall be personally liable for the debts or obligations of this corporation of any nature whatsoever, nor shall any of the property of the members, officers or Directors be subject to the payment of the debts or obligations of this corporation.

## **ARTICLE VIII DISSOLUTION**

Upon the time of dissolution of the corporation, assets shall be distributed by the Board of Directors, after paying or making provisions for the payment of all debts, obligations, liabilities, costs and expenses of the corporation, for one or more exempt purposes within the meaning of

section 501(c)(3) of the Internal Revenue Code, or the 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 so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporation 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.

**ARTICLE IX  
REGISTERED AGENT**

The name and Florida Street Address (P.O. Box Not acceptable) of registered Agent is:

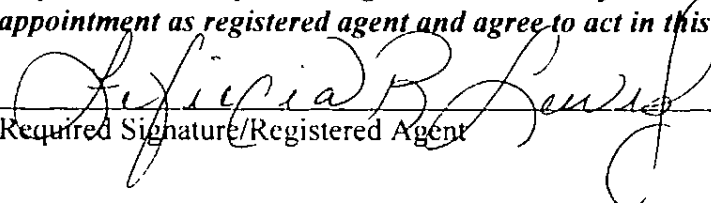
Felicia R. Lewis  
7775 Newlan Drive  
Orlando, FL 32818.

**ARTICLE X  
INCORPORATOR**

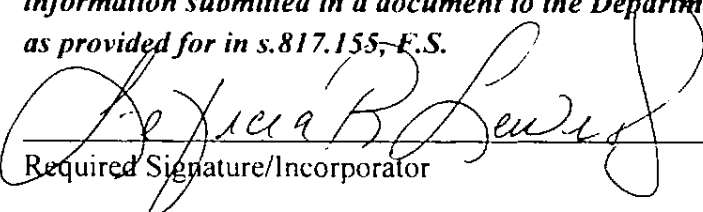
The name and address of the Incorporator is:

Felicia R. Lewis  
7775 Newlan Drive  
Orlando, FL 32818

*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*

  
Required Signature/Registered Agent \_\_\_\_\_ Date 11.19.2018

*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/Incorporator \_\_\_\_\_ Date 11.19.2018