

N18000013149

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(Business Entity Name)

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COVER LETTER

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

SUBJECT: I Have The Power Foundation 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: Rita Arauz

Name (Printed or typed)

9216 Dickens Ave.

Address

Surfside, Florida 33154

City, State & Zip

786-210-0006

Daytime Telephone number

IHaveThePowerFoundation@gmail.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)

ARTICLE I NAME

The name of the corporation shall be: I Have The Power Foundation Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

9216 Dickens Ave.

Surfside, Florida 33154

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To contribute to a culture of peace and sustainable human development, by instilling in the collective consciousness a shared vision of a globalized world based on peace and equality, starting at the core of the person, through the promotion of personal empowerment, self-realization and self-love.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Elected

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rita Arauz, Director

Address: 9216 Dickens Ave.

Surfside, Florida 33154

Name and Title: _____

Address: _____

Name and Title: Andrew J. Norris, Director

Address: 200 W 64th St.

Inglewood, CA 90302

Name and Title: _____

Address: _____

Name and Title: Johanna Ostrander, Director

9216 Dickens Ave.

Surfside, Florida 33154

Name and Title: _____

Address: _____

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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: Rita Arauz
Address: 9216 Dickens Ave.
Surfside, Florida 33154

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

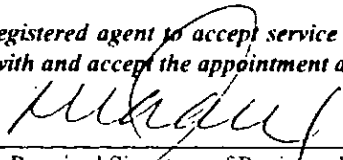
Name: Rita Arauz
Address: 9216 Dickens Ave.
Surfside, Florida 33154

ARTICLE VIII EFFECTIVE DATE: Dec. 10, 2018 (OPTIONAL)

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 days prior or 90 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, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature of Registered Agent

12/10/2018

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.


Required Signature of Incorporator

12/10/2018

Date