

N19000 011227

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

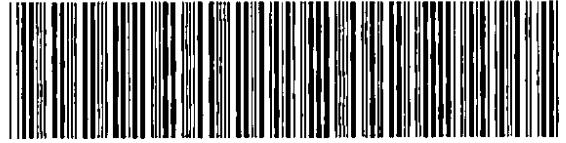
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 23 2019

COVER LETTER

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

SUBJECT: EMPOWERMENT INCORPORATED 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: Schuman/Keev  
Name (Printed or typed)

1316 S. Gibbs ST  
Address

W. Lden Lake FL 33663  
City, State & Zip

407-798-4013  
Daytime Telephone number

~~Schuman~~ Epower@bellsouth.net  
E-mail address: (to be used for future annual report notification)  
EpowerINC@bellsouth.net

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:

EMPOWERMENT : INCORPORATED INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

118 HUNTINGTON PL  
BIRMINGHAM, AL 35203

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Community Engagement  
And Services

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

AS STATED IN THE BYLAWS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

CEDRIC ALLEN President

Name and Title:

Address

118 HUNTINGTON PL  
BIRMINGHAM, AL  
35203

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

SECRETARY OF STATE  
CLERK OF COURTS

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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:

Address:

Solomon Keenan  
1316 S. Gibbs ST  
Plant City FL 33563

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Address:

Solomon Keenan  
1316 S. Gibbs ST  
Plant City FL 33563

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 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

\_\_\_\_\_  
Date

10/23/19

*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

\_\_\_\_\_  
Date

10/23/19

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DEPARTMENT OF STATE  
OF FLORIDA