

# N21000007336

Florida Department of State  
Division of Corporations  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
EMPOWERING PEOPLE FOUNDATION INC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
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DIVISION OF CORPORATIONS

21 JUN 16 AM 7:07

2021 JUN 16 PM 4:27

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Empowering People Foundation Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

12910 SW 133<sup>rd</sup> CT  
Miami, FL 33186

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Community Outreach

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

By THE BY LAWS

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

Name and Title: Kinkuro Broden (P) Name and Title: \_\_\_\_\_

Address: 12910 SW 133<sup>rd</sup> CT Address: \_\_\_\_\_  
Miami, FL 33186

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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: Kinkuro BrodenAddress: 12910 SW 133<sup>rd</sup> CT  
Miami, FL 33186**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Kinkuro BrodenAddress: 12910 SW 133<sup>rd</sup> CT  
Miami, FL 33186

*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*

3  
Required Signature of Registered Agent6/16/2021

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.*

[Signature]  
Required Signature of Incorporator6/16/2021

Date