

7/27/22, 11:41 AM

Division of Corporations  
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Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**Empower Kids of Lake County, Inc.**

Certificate of Status	0
Certified Copy	1
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### COVER LETTER

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

**SUBJECT:** Empower Kids of Lake County, 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**

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**FROM:** Sabrina Weier  
Name (Printed or typed)

7021 University Blvd  
Address

Winter Park, FL 32792  
City, State & Zip

(877)-857-9002  
Daytime Telephone number

swcier@brytebridge.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: Empower Kids of Lake County, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal <u>street</u> address:	Mailing address, if different is:
<u>7636 Lake Angelina Dr</u>	
<u>Mt Dora, Florida 32757-7154</u>	
<u>United States</u>	

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Our mission is to teach children to recognize and resist danger through empowerment skills.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: as set forth in the bylaws.

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

Name and Title: <u>Mary Hunt, President</u>	Name and Title: <u>Erin Kravitz, Treasurer</u>
Address: <u>7636 Lake Angelina Dr</u>	Address: <u>7636 Lake Angelina Dr</u>
<u>Mt Dora, Florida 32757-7154</u>	<u>Mt Dora, Florida 32757-7154</u>

Name and Title: <u>Mary Trumbetta, Secretary</u>	Name and Title: <u>Dean Simmons, Chairman</u>
Address: <u>7636 Lake Angelina Dr</u>	Address: <u>7636 Lake Angelina Dr</u>
<u>Mt Dora, Florida 32757-7154</u>	<u>Mt Dora, Florida 32757-7154</u>

Name and Title: _____	Name and Title: _____
Address: _____	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: LEGALINC CORPORATE SERVICES INC.  
Address: 5237 SUMMERLIN COMMONS BLVD #400  
FORT MYERS, FL 33907

**ARTICLE VII INCORPORATOR**

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

Name: Mary Hunt  
Address: 7636 Lake Angelina Dr  
Mt Dora, Florida 32757-7154

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... FL

**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*

*Wesley Dolan*

Required Signature of Registered Agent

06/09/2022

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.*

*Mary Hunt*

Required Signature of Incorporator

06/09/2022

Date