

N12400009948

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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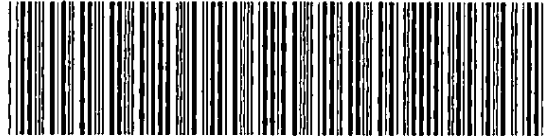
(Business Entity Name)

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COVER LETTER

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

SUBJECT: Fennell Women Empowerment Enterprise 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

FILED
2024 AUG 23 AM 9:47
TALLAHASSEE, FL
DEPT OF STATE

FROM: Yunice Fennell
Name (Printed or typed)

2609 Pincoll Dr
Address

Tall, FL 32305
City, State & Zip

850-339-8076
Daytime Telephone number

FWE24@yahoo.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: Fennell Women Empowerment Enterprise Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

2609 Pineroll Dr
Tall, Fl. 32305

Mailing address, if different is:

P.O. BOX 14531
Tall, Fl. 32317

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: seeking to restore, empower uplift,
women that has been affected with low self esteem,
sickness, addictions + other issues to make them
live in a safer community, FWE will seek
to impact women in the surrounding area

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Yunico Fennell (Chief Executive Officer)</u>	Name and Title:	<u>Medie Marketing Harrison Smith</u>
Address:	<u>2609 Pineroll Dr.</u> <u>Tall, Fl. 32305</u>	Address:	<u>2250 Bluff Oak Way</u> <u>Tall, FL 32311</u>

Name and Title:	<u>(Vice Chairman) Clifford Fennell</u>	Name and Title:	
Address:	<u>2609 Pineroll Dr</u> <u>Tall, Fl. 32305</u>	Address:	

Name and Title:	<u>(Secretary) Lydicka Jones</u>	Name and Title:	
Address:	<u>4495 Shelton Rd</u> <u>Apt. 600</u> <u>Tall, Fl. 32305</u>	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: Yumico Fennell

Address: 2609 Pinenoll Dr
Tall, FL 32305

ARTICLE VII INCORPORATOR

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

Name: Yumico Fennell

Address: 2609 Pinenoll Dr
Tall, FL 32305

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

Yumico Fennell
Required Signature of Registered Agent

8/23/24
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.

Yumico Fennell
Required Signature of Incorporator

8/23/24
Date

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TALLAHASSEE, FL