

PO80000807/2

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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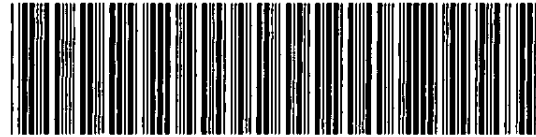
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1/1

## COVER LETTER

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

**SUBJECT:** Empowered Lawyering, Inc.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are 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 of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Melinda Gamot

Name (Printed or typed)

2701 PGA Boulevard, Suite C

Address

Palm Beach Gardens, Florida 33410

City, State & Zip

(561) 832-5500

Daytime Telephone number

**NOTE:** Please provide the original and one copy of the articles.

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TALLAHASSEE, FLORIDA

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

### **ARTICLE I NAME**

The name of the corporation shall be:

Empowered Lawyering, Inc.

### **ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

2701 PGA Boulevard, Suite C  
Palm Beach Gardens, Florida 33410

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The purpose is to engage in any activities or business permitted under the laws of the United States and Florida.

### **ARTICLE IV SHARES**

The number of shares of stock is:

The corporation is authorized to issue 100 shares of stock, all of one class, at One Dollar (\$1.00) par value.

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

List name(s), address(es) and specific title(s):

Melinda Gamot, 2701 PGA Boulevard, Suite C, Palm Beach Gardens, Florida 33410 - Director  
C. Debra Welch, 2701 PGA Boulevard, Suite C, Palm Beach Gardens, Florida 33410 - Director

### **ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Melinda Gamot, Esquire  
2701 PGA Boulevard, Suite C  
Palm Beach Gardens, Florida 33410

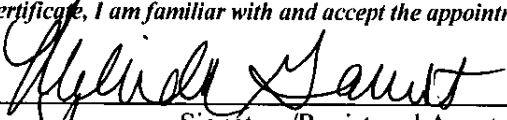
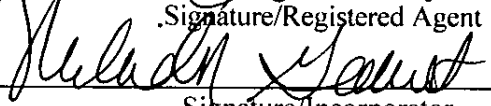
### **ARTICLE VII INCORPORATOR**

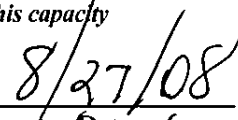
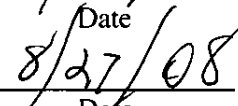
The name and address of the Incorporator is:

Melinda Gamot, Esquire  
2701 PGA Boulevard, Suite C  
Palm Beach Gardens, Florida 33410

\*\*\*\*\*

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

  
\_\_\_\_\_  
Signature/Registered Agent  
  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date