

P11000098750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

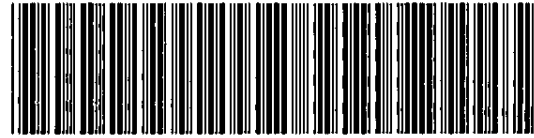
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

11/16/11

## COVER LETTER

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

**SUBJECT: The MPOWER Business & Entrepreneurship Center, 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: Nikitra D. Martin

Name (Printed or typed)

2162 Camel Lake Court

Address

Oviedo, FL 32765

City, State & Zip

321-244-9416

Daytime Telephone number

LadyMartin@divinetruthcc.org

E-mail address: (to be used for future annual report notification)

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

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**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: **The MPOWER Business & Entrepreneurship Center, Inc.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
**4270 Aloma Ave Ste 162**  
**Winter Park, FL 32792**

Mailing address, if different is:  
**P.O. Box 5917**  
**Winter Park, FL 32793**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**The purpose of the MPOWER Business & Entrepreneurship Center is to grow people, grow ideas, and grow businesses to restore the city.**

**ARTICLE IV SHARES**

The number of shares of stock is: **100**

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

Name and Title: **Nikitra D. Martin**  
Address: **2162 Camel Lake Court**  
**Oviedo, FL 32765**

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

Name and Title: **Amanda V. Chester**  
Address: **820 Renaissance Point #205**  
**Altamonte Springs, FL 32714**

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

Name and Title: **Andre L. Martin, Jr.**  
Address: **2162 Camel Lake Court**  
**Oviedo, FL 32765**

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

**ARTICLE VI REGISTERED AGENT**

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

Name: **Nikitra D. Martin**  
Address: **2162 Camel Lake Court**  
**Oviedo, FL 32765**

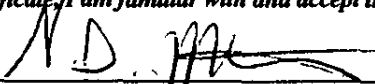
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **Nikitra D. Martin**  
Address: **2162 Camel Lake Court**  
**Oviedo, FL 32765**

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*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/Registered Agent

**11/3/11**

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the 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/Incorporator

**11/3/11**

Date