

P14 600047363

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(Address)

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(Business Entity Name)

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SECRETARY OF STATE  
DIVISION OF CORPORATE AFFAIRS  
14 MAY 29 PM 1:46

CRK

## COVER LETTER

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

SUBJECT: Empowerment Lending Corporation  
(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: Carlos A. West  
Name (Printed or typed)

8453 English Oak DR  
Address

Jacksonville, FL 32244  
City, State & Zip

904-316-8966  
Daytime Telephone number

smartmoney20-20@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 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Empowerment Lending Corporation

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

8453 English Oak DR  
Jacksonville, FL 32244

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To actively broker  
mortgage loans. Financial: Mortgage Broker.

**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

Name and Title: Carlos West, President Name and Title: \_\_\_\_\_

Address 8453 English Oak DR Address: \_\_\_\_\_  
Jacksonville, FL 32244

Name and Title: Carlos West, Treasurer Name and Title: \_\_\_\_\_

Address 8453 English Oak DR Address: \_\_\_\_\_  
Jacksonville, FL 32244

Name and Title: Carlos West, Secretary Name and Title: \_\_\_\_\_

Address 8453 English Oak DR Address: \_\_\_\_\_  
Jacksonville, FL 32244

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 MAY 29 PM 1:46

(conti.)

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: Carlos A. West  
Address: 8453 English Oak Dr  
Jacksonville, FL 32244

**ARTICLE VII INCORPORATOR**

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

Name: Carlos A. West  
Address: 8453 English Oak Dr  
Jacksonville, FL 32244

*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

5-27-14  
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

5-27-14  
Date