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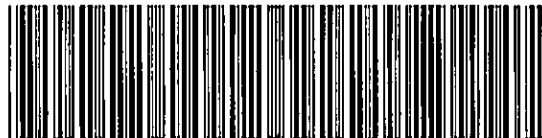
(Business Entity Name)

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2020 MAY -4 AM 11:48  
SECRETARY OF STATE  
TALLAHASSEE, FL

N. CULLIGAN

MAY 20 2020

FLORIDA PROFIT BENEFIT CORPORATION

COVER LETTER

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

2009 MAY -4 PM 2:00

SUBJECT: The P.O.W.E.R. House of Expression, Corp

(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: C. Camille Edwards  
Name (Printed or typed)  
401 N. Rosemary Ave., Ste. #6  
Address  
W. Palm Beach, FL 33401  
City, State & Zip  
412-812-3988  
Daytime Telephone number  
edw.valu4u@yahoo.com  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 8, 2020

C. CAMILLE EDWARDS  
401 N. ROSEMARY AVENUE, SUITE #6  
W. PALM BEACH, FL 33401

SUBJECT: THE P.O.W.E.R. HOUSE OF EXPRESSION  
Ref. Number: W20000035888

We have received your document for THE P.O.W.E.R. HOUSE OF EXPRESSION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 720A00007519

**ARTICLES OF INCORPORATION FOR FLORIDA PROFIT BENEFIT CORPORATION**

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

**ARTICLE I NAME**

The name of the benefit corporation shall be: The P.O.W.E.R.House of Expression, Corp.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

401 N. Rosemary Ave., Ste #6

W. Palm Beach, FL 33401

**ARTICLE III BENEFIT STATEMENT AND BUSINESS PURPOSE**

The corporation elects to be a benefit corporation in accordance with s. 607.603, F.S.

The purpose for which the corporation is organized is to create a general public benefit and:

The P.O.W.E.R.House of Expression is a program that targets duo diagnosis with seven different forms of therapies and four forms of alternative therapies (a supermarket for mental health) and we are the first of our kind.

The general and/or specific public benefit(s) to be created by the corporation (in addition to its general purpose) is/are as follows (optional):

- The P.O.W.E.R.House of Expression targets three areas: 1. We kill the stigma attached to mental health.
2. Address the dereliction and low self esteem that addiction creates
3. Uncover hidden trauma

**ARTICLE IV SHARES**

The number of shares of stock is: 99

**ARTICLE V INITIAL OFFICERS, DIRECTORS, BENEFIT DIRECTOR AND BENEFIT OFFICER (if Applicable)**

Name and Title:

Riki Smith, President

Address

401 N. Rosemary Ave., Ste. #6

W. Palm Beach, FL 33401

Name and Title:

Address:

Name and Title:

C. Camille Edwards, Secretary

Address

401 N. Rosemary Ave., Ste. #6

W. Palm Beach, FL 33401

Name and Title:

Address:

2020 MAY -4 AM 11:48  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

Name and Title: Trevor Palmer, Consultant

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

Address

401 N. Rosemary Ave., Ste. #6

Address: \_\_\_\_\_

W. Palm Beach, FL 33401

If applicable, BENEFIT DIRECTOR:

If applicable, BENEFIT OFFICER:

Name :

Name: \_\_\_\_\_

Address

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name:

Riki Smith, President

Address:

401 N. Rosemary Ave., Ste. #6

W. Palm Beach, FL 33401

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

C. Camille Edwards, Secretary

Address:

401 N. Rosemary Ave., Ste. #6

W. Palm Beach, FL 33401

**ARTICLE VIII ADDITIONAL QUALIFICATIONS OF BENEFIT DIRECTOR, IF ANY:**

The P.O.W.E.R. House of Expression has successfully served clients utilizing our many therapies in

the Florida area, and plan to incorporate nationwide.

*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*

*Riki Smith*

Required Signature/Registered Agent

3/31/20

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.*

*C. Camille Edwards*

Required Signature/Incorporator

Date

3/31/20

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TALLAHASSEE, FL