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PICK-UP	☐ WAIT		MAIL
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/ COVER LETTER

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

SUBJECT: Em	powering Little Minds	Inc	THE CHILDREN	
	(PROPOSED CORPORA	IE NAME - MUSI INCL	UDE SUFFIX)	
Enclosed are an o	riginal and one (1) copy of the arti	cles of incorporation and	d a check for:	
X \$70.00 Filing Fee		☐ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate of	
Status ADDITIONAL COPY REQUIRED				
		-	,	
EDOM:	YE ZHANG			
rkowi	Name (Printed or typed)			
_	2800 Glades Circle Ste			
Address				
_	Weston, FL 33327			
City, State & Zip				
_	(786) 227-6928			
	Daytime To	elephone number		
	CONFIRMATION@IVY-CPA.C			
	E-mail address: (to be used	l for future annual report r	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)

The name of the corpora	tion shall be: Empowering Litt	le Minds In	c
ARTICLE II PRINC	CIPAL OFFICE Principal street address		Mailing address, if different is:
2800 Glades C	ircle Ste 159	2800	Glades Circle Ste 159
Weston, FL 33	327	Westo	n, FL 33327
ARTICLE III PURPO The purpose for which t	OSE the corporation is organized is: ANY	AND ALL LAW	FUL BUSINESS.
			2024.00
			0 "
			, i
	ETOOMER, BRIAN (P) 2800 Glades Circle Ste 159		TOOMER, JANALLIE (VP)
Address	Weston, FL 33327	Address.	Weston, FL 33327
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: TOOMER, BRIAN Address: 2800 Glades Circle Ste 159 Weston, FL 33327 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: TOOMER, BRIAN Address: 2800 Glades Circle Ste 159 Weston, FL 33327 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 liste the document's effective date on the Department of State's records.	110110 0	nd Title:	Name and Title:	· · · · · · · · · · · · · · · · · · ·	
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Effective date, if other than the date of filing:	ARTICLE VIII	EFFECTIVE DATE:			.i
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste		date is listed, the date must be specific and cannot	be more than five days prio	·	16
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the document's effective date on the Department of State's records.			tatutory filing requirements, t	this date will not be li	ste
		enective date on the Department of State's records.			
			- 4B B		
Having been named as registered agent to accept service of process for the above stated corporation at the place designated it certificate. I am familiar with and accept the appointment as registered agent and agree to act in this canacity	Having been na		-	•	rd it
certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity	Having been na certificate, I am	familiar with and accept the appointment as registered	d agent and agree to act in thi	•	ed it
certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity	Having been na certificate, I am	familiar with and accept the appointment as registered	d agent and agree to act in thi	ls capacity	
	Having been na certificate, I am	familiar with and accept the appointment as registered	d agent and agree to act in thi	ls capacity	
Required Signature/Registered Agent and agree to act in this capacity Date	Having been na. certificate, I am	Samiliar with and accept the appointment as registered Neum Journes Required Signature/Registered Agent	d agent and agree to act in thi	ls capacity 10/2024 Date	
Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted	Having been na certificate, I am	Samiliar with and accept the appointment as registered New Journe Required Signature/Registered Agent recument and affirm that the facts stated herein are tr	d agent and agree to act in thi	ls capacity //o/2524 Date e information submit	
certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity	Having been na.certificate, I am f submit this do document to the	Samiliar with and accept the appointment as registered Required Signature/Registered Agent cument and affirm that the facts stated herein are to Department of State constitutes a third degree felony	d agent and agree to act in thi	is capacity ///0/2024 Date e information submit	tted

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FLORIDA CAPITAL COURIER SERVICE	CES, INC (850) 524–5437
2330 CLARE DR	(850) 524–6243
TALLAHASSEE, FL 32309	(850) 491–9625
Please use funds from this acco	· ·
Authorization Signature:	<u>acto</u>
Business Name: Empowering Litt	le Minds Inc
Document#	
Certified Copy	
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit Corp	Amendment
Not for Profit	Resignation of R.A. Officer/Director
Limited Liability	Change of Registered Agent
Domestication	Revocation of Dissolution 👼 💆
LLLP	Merger
_XCORP	Articles of Conversion
Other	Restated Articles of Incorporation
Other	Statement of Authority
OTHER FILINGS	REGISTRATION/QUALIFICATIONS
Apostille	Foreign Filing
Country	Reinstatement
	Qualification
	Annual Report
	Fictitious Name

EXAMINER'S INITIALS:

FLORI	DA CAPITAL COURIER SERVIC	ES, INC (850) 524–5437
2330 CLARE DR		(850) 524–6243
TALLA	HASSEE, FL 32309	(850) 491–9625
Pleas	e use funds from this accou	unt: 120210000160: \$70.00
Autho	orization Signature: &	
Busine	ess Name: Empowering Little	e Minds Inc
Docum	nent#	
Ce	rtified Copy	
Ce	rtificate of Status	
NEW I	FILINGS	Amendment S
Pro	ofit Corp	AITIOTIOTIC , ¬
No	t for Profit	Resignation of R.A. Officer/Director
Lim	nited Liability	Change of Registered Agent
Dor	mestication	Revocation of Dissolution 5
LLL	_P	Merger
_XC	ORP	Articles of Conversion
Oth	ner	Restated Articles of Incorporation
Oth	ner	Statement of Authority
OTHE	R FILINGS	REGISTRATION/QUALIFICATIONS
Apo	ostille	Foreign Filing
Cou	untry	Reinstatement
		Qualification
		Annual Report
		Fictitious Name

EXAMINER'S INITIALS:____