P25000008042

(Requestor's Name)
(Address)
(Address)
(C)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700443762787

125 FEB -5 PM 3:48

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

EMPOWERING PR	OMOTIONS, INC.				
Please Debit FCA000	000003 For: 70			- 1	
Thank you Seth Neel	ev			! !	<u> 1</u>
Sty/	C.y.		Art of Inc. File))	,
			LTD Partnership File	_ ;	, . ,
		ļ 	Foreign Corp. File		
		<u>-</u>	L.C. File	. 1	
		<u> </u>	Fictitious Name File	_	
			Trade/Service Mark	_	
			Merger File		
			Art, of Amend. File	-	
			RA Resignation		
			Dissolution / Withdrawal		
			Annual Report / Reinstatement		
			Cert. Copy		
			Photo Copy		
			Certificate of Good Standing		
			Certificate of Status		
			Certificate of Fictitious Name		
		\ —	Corp Record Search	_	
1/-			Officer Search		
A Company			Fictitious Search		
Signature	-	_	Fictitious Owner Search		
			Vehicle Search		
--			Driving Record		
Requested by:			UCC 1 or 3 File		
Name	Date Time	-	UCC 11 Search		
			UCC 11 Retrieval		
Walk-In Short street GA ADC	Will Pick Up	-	Courier		

COVER LETTER

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

SUBJECT: Empo	owering Promotions, Inc.		
SUBSECT.	(PROPOSED CORPOR	ATE NAME – MUST INCL	UDE SUFFIX)
Enclosed are an or	iginal and one (1) copy of the art	ticles of incorporation and	l a check for:
□ \$70.00	□ \$78.75	□ \$78.75	□ \$ 87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
		1	& Certificate of
			Status
		ADDITIONAL CO	PY REQUIRED
40.			
FROM:	harles Schlapkoh)		
	Name	(Printed or typed)	
11	15 Banks Road		
	A	Address	
Ma	urgate, FL. 33063		
<u></u>	City,	State & Zip	
772	2-341-1074		
	Daytime Te	elephone number	
mjsc	hlapy@aol.com		
	E-mail address: (to be used	for future annual report no	tification)

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)

CLE II PRIN	ICIPAL OFFICE Principal <u>street</u> address	Mail	ing address, if different is:	
Banks Road			Maining address, if different is.	
gate, FL. 33063				
CLE III PURF urpose for which	POSE Silk the corporation is organized is:	screen printing and embroide	ry	
<u></u>				
			· · · · · · · · · · · · · · · · · · ·	
			ر	
TLE IV SHAR mber of shares of	ES 100 stock is:			
mber of shares of	stock is: 100 L OFFICERS AND/OR DIRECTOR			
mber of shares of LE V INITIA Name and Title	Stock is: 100 IL OFFICERS AND/OR DIRECTOR Charles Schlapkohl LLIS Banks Road	Name and Title:		
mber of shares of	Stock is: 100 IL OFFICERS AND/OR DIRECTOR Charles Schlapkohl LLIS Banks Road			
mber of shares of LE V INITIA Name and Title	Stock is: 100 IL OFFICERS AND/OR DIRECTOR Charles Schlapkohl 1115 Banks Road	Name and Title: Address:		
Mber of shares of LE V INITIA Name and Title Address	Charles Schlapkohl 1115 Banks Road Margate, FL. 33063	Name and Title: Address:		
Mber of shares of LE V INITIA Name and Title Address	Charles Schlapkohl 1115 Banks Road Margate, FL. 33063	Name and Title: Address: Name and Title:		
Name and Title Name and Title	Charles Schlapkohl 1115 Banks Road Margate, FL. 33063	Name and Title: Address: Name and Title:		
Name and Title Address Name and Title	Stock is: 100 IL OFFICERS AND/OR DIRECTOR Charles Schlapkohl 1115 Banks Road Margate, FL. 33063	Name and Title: Address: Name and Title: Address.		
Name and Title Address Name and Title	Stock is: 100 IL OFFICERS AND/OR DIRECTOR Charles Schlapkohl 1115 Banks Road Margate, FL. 33063	Name and Title:		

Name ai	nd Title:	Name and Title:	
Addres	s	Address:	
ARTICLE VI	REGISTERED AGENT Orida street address (P.O. Box NOT acce	and (A. Cil	
	Capital Connection, Inc.	public) of the registered agent is:	
Address:	417 E Virginia St. Ste 1.		÷
7704.233.	Tallahassee, FL. 32301	·	•
			ì :
ARTICLE VII	INCORPORATOR		
The name and ad-	dress of the Incorporator is:		,
Name:	Charles Schlapkohl		:
	1115 Banks Road		,
Address:	Margate, FL. 33063		
Effective date, if o	EFFECTIVE DATE: ther than the date of filing:	(OPTIONAL)	
(If an effective da filing.)	te is listed, the date must be specific an	d cannot be more than five days prior	or 90 days after the
Note: If the date in the document's effe	nserted in this block does not meet the appetitive date on the Department of State's r	olicable statutory filing requirements, the ecords.	is date will not be listed a
Having been named certificate, I am fan	d as registered agent to accept service of pi miliar with and accept the appointment as	rocess for the above stated corporation at registered agent and agree to act in this	the place designated in the capacity
5/	Kar /		412/2
	Required Signature/Registered Age	nt	Date
I submit this docum document to the Dep	nent and affirm that the facts stated here partment of State constitutes a third degre	in are true. I am aware that the faise the felony as provided for in \$.817.155, F	information submitted in
3///	11		2/12/202
Required Signature	· · · · · · · · · · · · · · · · · · ·		<u> </u>