

FLORIDA PROFIT BENEFIT CORPORATION

COVER LETTER

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

SMART PLANET B CORP.

SUBJECT: _____
(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: CSABA MAGYAR

Name (Printed or typed)

13127 Zori lane

Address

Windermere, FL 34786

City, State & Zip

863 512 1495

Daytime Telephone number

CSABAMAGYAR@ICLOUD.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 FOR FLORIDA PROFIT BENEFIT CORPORATION

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

APPROVED AND FILED

ARTICLE I NAME

The name of the benefit corporation shall be:

SMART PLANET B Corp.

16 FEB 22 PM 3:29

ARTICLE II PRINCIPAL OFFICE

Principal street address

SECRETARY OF STATE
MAIL ROOM
TALLAHASSEE, FLORIDA

Mailing address, if different

13127 Zori lane

Windermere, FL 34786

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:

MAKING TECHNOLOGICALLY ADVANCED PRODUCTS AND SERVICES TO HELP PEOPLE LIVE A

BETTER LIFE

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):

HELPING PEOPLE MAKING THEIR EVERYDAY CHOICES AND LIVE THEIR LIVES IN A WAY THAT THEIR

HARMFUL IMPACT ON THE ENVIRONMENT CAN BE MINIMIZED

ARTICLE IV SHARES

10,000,000

The number of shares of stock is:

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

Name and Title: CSABA MAGYAR / DIRECTOR

Name and Title:

Address 13127 Zori lane

Address:

Windermere, FL 34786

Name and Title:

Name and Title:

Address

Address:

APPROVED
AND
FILED

Name and Title: _____ Name and Title: _____

Address _____ Address: 16 FEB 22 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: CSABA MAGYAR
Address: 13127 Zori lane
Windermere, FL 34786

ARTICLE VII INCORPORATOR

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

Name: CSABA MAGYAR
Address: 13127 Zori lane
Windermere, FL 34786

ARTICLE VIII ADDITIONAL QUALIFICATIONS OF BENEFIT DIRECTOR, IF ANY:


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

2/16/2016
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

2/16/2016
Date