

FLORIDA PROFIT BENEFIT CORPORATION

COVER LETTER

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

SUBJECT: Crossroad Consulting - A Benefit 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

<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: Tahira Scantling
Name (Printed or typed)

3524 Manatee Dr SE
Address

St. Pete FL 33705
City, State & Zip

727-688-5659
Daytime Telephone number

yourrealtorgirl01@gmail.com
E-mail address: (to be used for future annual report notification)
↑
zero

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)

ARTICLE I NAME

The name of the benefit corporation shall be: Crossroad Consulting - Benefit Company

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3524 Manatee DR SE
ST. Pete fl. 33705

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:

Providing strategic consulting services to small
businesses, promoting sustainability, collaboration
and organic growth.

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):

Creating financial wealth through entrepreneurship.

ARTICLE IV SHARES

The number of shares of stock is: 1000

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

Name and Title: Tahisia Scantling Name and Title: _____
Benefit Director

Address: _____ Address: _____

3524 Manatee DR SE
ST. Pete fl 33705

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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17 FEB 13 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

If applicable, BENEFIT DIRECTOR:

If applicable, BENEFIT OFFICER:

Name: Tahisia Scantling Name: _____

Address: 3524 Manatee Dr SE Address: _____
ST Pete, FL 33705

ARTICLE VI REGISTERED AGENT

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

Name: Tahisia Scantling

Address: 3524 Manatee Dr SE
ST Pete, FL 33705

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Tahisia Scantling

Address: 3524 Manatee Dr SE
ST. Pete, FL 33705

ARTICLE VIII ADDITIONAL QUALIFICATIONS OF BENEFIT DIRECTOR, IF ANY:

Master Certification for Non Profit Leadership
Master Degree in Government and Acquisition and
Contract Management

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

Tahisia Scantling
Required Signature/Registered Agent

2/8/2017
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.

Tahisia Scantling
Required Signature/Incorporator

2/8/2017
Date