

P19 000 056 949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

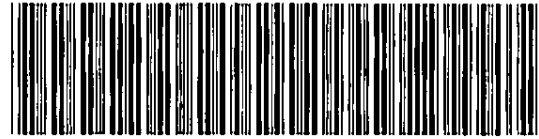
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000330905310

07/01/19--01007--006 \*\*87.50

MASSACHUSETTS

19 JUL -1 AM 8:17

D O'KEEFE

JUL 23 2019

**FLORIDA PROFIT BENEFIT CORPORATION**

**COVER LETTER**

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

HELP FOR THE PEOPLE FOUNDATION, INC

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

WY O HEALTH HOME & BUSINESS SOLUTIONS, INC

**FROM:** \_\_\_\_\_  
Name (Printed or typed)

7901 4TH ST N. STE 300

\_\_\_\_\_  
Address

ST. PETERSBURG, FL 33702

\_\_\_\_\_  
City, State & Zip

7864962998

\_\_\_\_\_  
Daytime Telephone number

wyohnbiz@gmail.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)

**ARTICLE I NAME**

HELP FOR THE PEOPLE FOUNDATION, INC

The name of the benefit corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1615 EUCLID AVE  
STE 9

MIAMI BEACH, FL 33139

Mailing address, if different is:

7901 4TH ST N.  
STE 300

ST. PETERSBURG, FL 33702

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

private specialized catering, water distribution and all lawful business purposes.

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 general and / or specific public benefit to be created by the corporation (in addition to its

general purpose) is/are to provide 1-4 monthly healthy food, water, clothing drives for the

underserved communities of Miami-Dade County, and to pursue economic security that

may socially benefit the same communities, and its residents.

**ARTICLE IV SHARES** 100

The number of shares of stock is: \_\_\_\_\_

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

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

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

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

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

19 JUL - 1 AM 2:17

70

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

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

If applicable, BENEFIT DIRECTOR:  
El, Prince J E O M

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

Address \_\_\_\_\_

1615 Euclid Ave

Ste 9

Miami Beach, FL 33139

If applicable, BENEFIT OFFICER:  
Robert, Helen K

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

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

1615 Euclid Ave

Ste 9

Miami Beach, FL 33139

**ARTICLE VI REGISTERED AGENT**

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

FLORIDA REGISTERED AGENT LLC

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

7901 4TH ST N STE 300

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

ST. PETERSBURG, FL 33702

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

El, Prince J E O M

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

1615 EUCLID AVE STE 9

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

MIAMI BEACH, FL 33139

19 JUN -1 AM 8:17  
MARIANNE L. BROWN

**ARTICLE VIII ADDITIONAL QUALIFICATIONS OF BENEFIT DIRECTOR, IF ANY:  
TAX PLANNING, PREPARATION, HOLISTIC MEDICINE, AND FOOD PREPARATION**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

*Bill Prince*

Required Signature/Registered Agent

21 JUNE 2019

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.

/s/ ARR UCC1-308 PRINCE EL

Print Name: El, Prince

Required Signature/Incorporator

21 JUNE 2019

Date