

P19000058173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

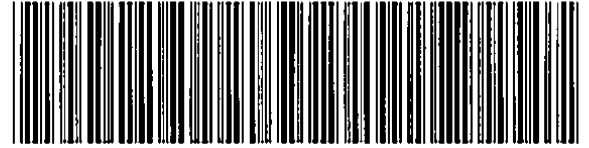
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only

JUL 29 2019



100331577191

07/15/19--01022--006 \*\*78.75

2019 JUL 15 AM 11:43

FLORIDA PROFIT SOCIAL PURPOSE CORPORATION

COVER LETTER

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

BRUCE FRANCOIS 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

\$78.75 Filing Fee & Certified Copy  
 \$87.50 Filing Fee, Certified Copy & Certificate of Status  
**ADDITIONAL COPY REQUIRED**

BRUCE FRANCOIS

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

12001 RESEARCH PKWY STE. 236

\_\_\_\_\_  
Address

ORLANDO, FL 32826

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

1-888-882-7823

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

info@brucefrancois.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 SOCIAL PURPOSE CORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the social purpose corporation shall be BRUCE FRANCOIS INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

12001 RESEARCH PKWY, STE 236  
ORLANDO, FL 32826

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

**ARTICLE III SOCIAL PURPOSE STATEMENT AND BUSINESS PURPOSE**

The corporation elects to be a social purpose corporation in accordance with s. 607.503, F.S.

The business purpose and public benefit(s) for which the corporation is organized are:

To engage in any and all lawful business; any activity that advance or improve human well-being; any

activity that have an educational and scientific purpose that benefit the community, society, the

corporation's stakeholders; any charitable activity that a non-profit can carry on.

The specific public benefit(s) to be created by the corporation (in addition to its general purpose) is/are as follows (optional):

To inspire, enable and equip human lives to realize and maximize their potential.

To develop and promote personal and social development solutions to advance the quality of life and

the social well-being of humans.

**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: BRUCE FRANCOIS, CEO      Name and Title: \_\_\_\_\_

Address: 12001 RESEARCH PKWY      Address: \_\_\_\_\_

STE 236      \_\_\_\_\_

ORLANDO, FL 32826      \_\_\_\_\_

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

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

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

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

2019 JUN 15 AM 11:43

If applicable, BENEFIT DIRECTOR:

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

Address \_\_\_\_\_

If applicable, BENEFIT OFFICER:

BRUCE FRANCOIS

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

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

12001 RESEARCH PKWY, STE 236

ORLANDO, FL 32826

**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:

BRUCE FRANCOIS

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

12001 RESEARCH PKWY, STE 236

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

ORLANDO, FL 32826

**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*

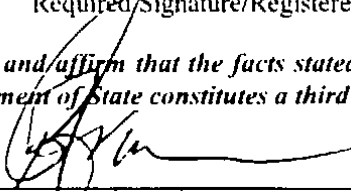


7/5/2019

Required Signature/Registered Agent

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.*



7/5/2019

Required Signature/Incorporator

Date