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(Address)

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TALLAHASSEE, FLORIDA

D O'KEEFE  
MAR 02 2021

**FLORIDA PROFIT BENEFIT CORPORATION**  
**COVER LETTER**

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

**SUBJECT:** COMMUNITY ENHANCEMENT INVESTMENT 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

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

**FROM:** OWEN R RAHMAN  
\_\_\_\_\_  
Name (Printed or typed)  
4580 ISLAND REEF DRIVE  
\_\_\_\_\_  
Address  
WELLINGTON, FL 33449  
\_\_\_\_\_  
City, State & Zip  
561 601 8006  
\_\_\_\_\_  
Daytime Telephone number  
orahman@bellsouth.net  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA  
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**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: COMMUNITY ENHANCEMENT INVESTMENT CORPORATION

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address: 4580 ISLAND REEF DRIVE  
WELLINGTON, FL 33449  
Mailing address, if different is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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:  
ENHANCE COMMUNITY THROUGH BUSINESS CREATION THEREIN.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**ARTICLE IV SHARES**  
The number of shares of stock is: 1,000,000

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

Name and Title:	<u>OWEN R RAHMAN CEO</u>	Name and Title:	<u>JOE WILSON PRESIDENT</u>
Address	<u>4580 ISLAND REEF DRIVE</u> <u>WELLINGTON, FL 33449</u>	Address:	<u>9576 MORITZ WAY</u> <u>DELRAY BEACH, FL 33446</u>
	_____		_____
Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

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

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

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: OWEN RAHMAN \_\_\_\_\_

Address: 4580 ISLAND REEF DRIVE \_\_\_\_\_  
WELLINGTON, FL 33449 \_\_\_\_\_

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**ARTICLE VII INCORPORATOR**

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

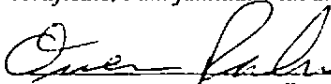
Name: OWEN RAHMAN \_\_\_\_\_

Address: 4580 ISLAND REEF DR \_\_\_\_\_  
WELLINGTON, FL 33449 \_\_\_\_\_

**ARTICLE VIII ADDITIONAL QUALIFICATIONS OF BENEFIT DIRECTOR, IF ANY:**

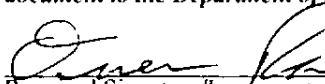
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*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*

 OWEN RAHMAN  
Required Signature/Registered Agent

1/18/2021  
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.*

 OWEN RAHMAN  
Required Signature/Incorporator

1/18/2021  
Date

**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: COMMUNITY ENHANCEMENT INVESTMENT CORPORATION

**ARTICLE II PRINCIPAL OFFICE**

Principal street address \_\_\_\_\_ Mailing address, if different is: \_\_\_\_\_  
4580 ISLAND REEF DRIVE \_\_\_\_\_  
WELLINGTON, FL 33449 \_\_\_\_\_

**ARTICLE III BENEFIT STATEMENT AND BUSINESS PURPOSE**

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The purpose for which the corporation is organized is to create a general public benefit and:  
ENHANCE COMMUNITY THROUGH BUSINESS CREATION THEREIN.

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):

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21 JAN 25 AM 9:22  
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TALLAHASSEE, FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000,000

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

Name and Title:	<u>OWEN R RAHMAN CEO</u>	Name and Title:	<u>JOE WILSON PRESIDENT</u>
Address	<u>4580 ISLAND REEF DRIVE</u>	Address:	<u>9576 MORITZ WAY</u>
	<u>WELLINGTON, FL 33449</u>		<u>DELRAY BEACH, FL 33446</u>
Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

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

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

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: OWEN RAHMAN \_\_\_\_\_

Address: 4580 ISLAND REEF DRIVE \_\_\_\_\_

WELLINGTON, FL 33449 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: OWEN RAHMAN \_\_\_\_\_

Address: 4580 ISLAND REEF DR \_\_\_\_\_

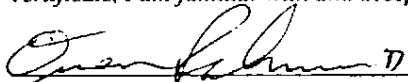
WELLINGTON, FL 33449 \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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*

 OWEN RAHMAN  
Required Signature/Registered Agent

1/18/2021  
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.*

 OWEN RAHMAN  
Required Signature/Incorporator

1/18/2021  
Date