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(Requestor's Name)

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PICK-UP WAIT MAIL

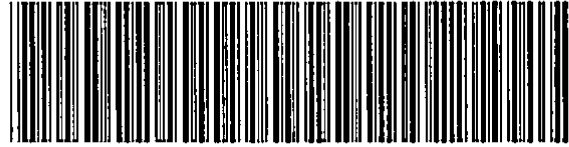
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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FLORIDA PROFIT BENEFIT CORPORATION

COVER LETTER

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

SUBJECT: A. Johnae Enterprises, Inc.
(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: Sequoyah Lindsey-Taylor
Name (Printed or typed)
6859 Lenox Avenue #29
Address
Jacksonville, FL 32205
City, State & Zip
904-601-5558
Daytime Telephone number
asenatural2@gmail.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
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

A. Johnae Enterprises, Inc.

The name of the benefit corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6859 Lenox Avenue #29

Jacksonville, FL 32205

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:

provide services and products which educate and equip children in all areas of wellness through trainings, workshops,

technology, and any other activities as permitted by law.

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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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

100,000

The number of shares of stock is:

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

Name and Title: Autumn Taylor, CEO

Name and Title: Edrie Taylor, COO

Address: 6859 Lenox Avenue #29

Address: 6859 Lenox Avenue #29

Jacksonville, FL 32205

Jacksonville, FL 32205

Name and Title: Sequoyah Lindsey-Taylor, CFO

Name and Title:

Address: 6859 Lenox Avenue #29

Address:

Jacksonville, FL 32205

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: Sequoyah Lindsey-Taylor, CFO
Address: 6859 Lenox Avenue #29
Jacksonville, FL 32205

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Sequoyah Lindsey-Taylor, CFO
Address: 6859 Lenox Avenue #29
Jacksonville, FL 32205

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

Olaysia _____ 01/30/2021
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.

Olaysia _____ 01/30/2021
Required Signature/Incorporator Date