## 91900010149

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	<del>: #</del> )
PICK-UP	☐ WAIT	MAIL.
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	<u> </u>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

W 18000109384

FEB 0 6 2019

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2014 FEB - 5 MAIN: US



December 27, 2018

DELIICIOUS SPOONFULS, INC. 186 DORSET E BOCA RATON, FL 33434

SUBJECT: DELICIOUS SPOONFULS, INC.

Ref. Number: W18000109384

We have received your document for DELICIOUS SPOONFULS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information. http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/

The name release letter must be sign dated and notarized.,

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott Regulatory Specialist II New Filings Section

www.sunbiz.org

Letter Number: 518A00026192

December 11, 2018

On Halis, I filed Delicious Spoonfuls, Inc. as a non-profit corporations with Sunbiz. We were given advice that proved wrong for us and never filed as a non-profet. With the I.R.S. (Lacument # N. 1800000 1365).

We thought we could make an amendment to change this to a corporations and amend board posexions, this was rejected in November Wisocolog384)
We have not started our business, we are trying to do a new filing (attached) and use the same name.

Please advise if there are any questions

Helen Galtesman Delicious Spoonfuls, Inc.

561.676.2078

Helen ann Lofsesman

on the state of th	ROBERTO CUCALON Horary Public, Stale of Aforda Commissiona FF 955572 Wild May Applyone for SN 2000
	My comin lexpires Jan. 28, 2020

State of Florida County of Breward PALM BEACE This instrument was acknowledged day of Tancrail before me this 29 by Helau and Golffeenan Personally known Produced ID (133534 54 ID Type\_

## FLORIDA PROFIT BENEFIT CORPORATION COVER LETTER

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

SUBJECT:	Delicious S	poonfuls	
	(PROPOSED CORPORA	TENAME - MUST INCL	JDE SUFFIX)
Enclosed are an origi	nal and one (1) copy of the arti	cles of incorporation and	lacheck for:
☐ \$70.00 Filing Fœ	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
	elen Gottesman	e (Printed or typed)	
1 <u>86</u>	Dorset E	Address	
<u>Bo</u>	ca Raton, Fl. 33	3434 State & Zip	
<u>5</u>	61-676-2078 Daytime T	elephone number	···
	len gottesman 2 E-mail address: (to be use		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 The name of the penefit corporation shall be Delicious Spa	ponfuls Inc.
ARTICLE II PRINCIPAL OFFICE Frincipal street addres	Mailing andress, if different is
186 Dorsei E	
Boca Katon FL 33434	
ARTICLE III BENEFIT STATEMENT AND BUSINESS PURPOSE.  The corporation elects to be a benefit corporation in accordance with s.  The purpose for which the corporation is organized is to create a general	607.603, F.S.
Delicious Spoon-fuls Will Trai	n and employ adults
with special needs (including	
Autism Physical Disabilitte	s and more) in an
ice cream and dessert	bar in Boca Kator
<u>fossible</u> increase to Sand	Wiches Soups and Salad
The general and/or specific public benefit(s) to be created by the corporations (optional)	
<u>Decreased</u> unemployment	by moral natized
Group. Training to Work Themselves and be	a part of commonity
ARTICLE IV SHARES The number of shares of stock is. OC	_
ARTICLE V INITIAL OFFICERS, DIRECTORS, BENEFIT DIR	ECTOR AND BENEFIT OFFICER (if Applicable)
Name and Title Lorne Alter	Name and Title: <u>Executive</u> Director
Address 10+69 Whitewind Cir.	Address
Boynton Beach Fl.	
	73.7879
Name and Title: Robert Gottesman	Name and Title: Plamae C
181 1 -0 - 1 5	, 1
Address 186 DOPSET E. Baca Raton Fl 331	134-3014
DOCK NOTICE TO	
·	

	Name and Title Address	Helen Gottes	SMAN Name and Title:	Manager	<del></del> 
		Boca Raton,	F1.33434-3014		
	If applicable,	SEMEFIT DIRECTOR.	If applicable, BENEF	IT OFFICER:	<del>_</del>
	Name :		Name:		
	Addr∈s		Address;		
					_ <u>_</u>
	•				
	ARTICLE VI REG	<u>ISTERED AGENT</u>			
	The name and Florida	a street address (P.O. 3cx NOT	acceptable) of the registered agent is	5:	
	Name:	avid J. Beck	owi 17, E.Sq.		
	Address: 1	500 Gateriou I	3148 1220		
-	$\mathcal{C}$	boxaton Beach	F1. 38400023410		
	ARTICLE VII INC	ORPORATOR	33474		
		ss of the Incorporator is:	, - , .		
	Name:	Lorne Alter			
		rule a libetami	ad Cimp		
	Address	Duridge Trans	FI 33473-787	9	
		boynton beach	<del>`,</del>		
	ARTICLE VIII AD	DITIONAL QUALIFICATION	S OF BENEFIT DIRECTOR, IF A	<u>ANY:</u>	
	<u> </u>				
					_ <del></del>
	Having been named	as registered agent to accept ser	rvice of process for the above stated olntment as registered agent and ag	corporation at the place design	ated in
	this certificate, Leim	ramınar witin and accept the spp	univiren es regissereu agent entr ag	101 1.6	
	-/-//	Register Signature Regist	red Agent	12/11/18 Date	<del>_</del> _
	Cashanie atria dinas	Y=2 / / /	geo again ated herein are true. I am aware th		ed in a
	document to the Dep	nariment of State constitutes a thi	ird dagree felony as provided for in:	s.817.155, F.\$.	
				12/1/10	•