N17000007064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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W17-045650

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 31, 2017

ENRIC CORDOBA-MULA
402 N. FAIRVIEW AVE.
DELAND, FL 32724

SUBJECT: ETHICAL INCUBATOR, CORP.
Ref. Number: W17000045650

We have received your document for ETHICAL INCUBATOR, CORP. 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 name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

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.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 617A00010826

RECEIVED
17 JUL -6 PM 11:32
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

COVER LETTER

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

SUBJECT: Ethical Incubator, Corp.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: Enric Cordoba-Mula
Name (Printed or typed)

402 N. Fairview, Ave
Address

DeLand, FL 32724
City, State & Zip

(970) 319-0960
Daytime Telephone number

enric.cordoba@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

In compliance with Chapter 617, F.S., (Not for Profit)

FILED
17 JUL -5 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: Ethical Incubator, [redacted] CORP.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address:

320 W. Minnesota Ave

DeLand, FL 32720

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Our mission is to initiate and strengthen businesses with healthy economic profits and long-term sustainability by embedding ethics in progeams designed for idea-stage startups and existing businesses.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

Stated in the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Daniele Mottier / Business Department

Address: 402 N. Fairview Ave, DeLand, Fl 32724

Name and Title: Kate Newman / Culture Department

Address: 21562 Nelson Rd., DeKalb, IL 60115

Name and Title: Maxwell Drozmin / Wellness Department

Address: 14 Spanish Pine Way, Ormond Beach, Fl 32174

Name and Title: Peter Crose / Technology Department

Address: 320 W. Minnesota Ave., DeLand, Fl 32720

Name and Title: Enric Cordoba-Mola / Human Dept

Address: 402 N. Fairview Ave, DeLand, Fl 32724

Name and Title:

Address:

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

ARTICLE VI REGISTERED AGENT

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

Name: Maxwell Drozmin

Address: 14 Spanish Pine Way

Ormond Beach, FL 32174

ARTICLE VII INCORPORATOR

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

Name: Daniele Mottier

Address: 402 N. Fairview Ave

DeLand, FL 32724

17 JUL -6 AM 8:49

FILED

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Maxwell Drozmin — 06/30/17

Required Signature of Registered Agent — Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

Daniele Mottier — 06/28/17

Required Signature of Incorporator — Date