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(Requestor's Name)

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(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

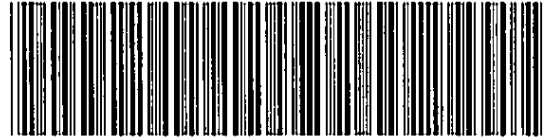
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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# COVER LETTER

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

**SUBJECT:** Purple Majesty INC

**(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:** Charleen Nicole  
\_\_\_\_\_  
Name (Printed or typed)

1101 East Cumberland Ave Ste 201H #732  
\_\_\_\_\_  
Address

Tampa, Florida 33602  
\_\_\_\_\_  
City, State & Zip

(813) 212-9403  
\_\_\_\_\_  
Daytime Telephone number

info@purplemajesty.us  
\_\_\_\_\_  
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)

**ARTICLE I NAME**

The name of the corporation shall be: PURPLE MAJESTY INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
1101 EAST CUMBERLAND AVE  
STE 201H #732  
TAMPA, FL 33602

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To improve the future of agriculture with healthier farming options  
through Greenhouse and Aquaponics Management utilizing the latest technology, zero waste, and water reduction using  
using premium environmental practices for economic and social stability in disadvantaged communities. Said organization is  
organized exclusively for charitable, religious, educational, and scientific purposes, including, for such urposes. the making  
of distributions to organizations that qualify as exempt organizations described under ction 501(c)3 of the  
Internal Revenue Code, or corresponding section of any future federal tax code.

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

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Charleen Nicole ( P/CEO)  
Address: 8545 Boardwalk Path Drive  
Apt 331D  
Temple Terrace, Fl 33637

Name and Title: Dominick Vazquez (O)  
Address: 5301 E 18th Ave Apt A  
Tampa, FL 33619

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

Name and Title: Zharia Smith (T)  
Address: 8545 Boardwalk Path Drive  
Apt 331D  
Temple Terrace, Fl 33637

Name and Title: Naomi DeRamus (S)  
Address: 5301 E 18th Ave Apt A  
Tampa, FL 33619

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

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
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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: Registered Agents LLC  
Address: 7901 4th St N, STE 300  
St. Petersburg, FL 33702

**ARTICLE VII INCORPORATOR**

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

Name: Charleen Nicole  
Address: 8545 Boardwalk Path Drive Apt 331D  
Temple Terrace, FL 33637

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: March 1, 2021. (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*

Bill Harve  
Required Signature of Registered Agent

3/12/2021  
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.*

Charleen Nicole  
Required Signature of Incorporator

3/12/2021  
Date