

N220000001250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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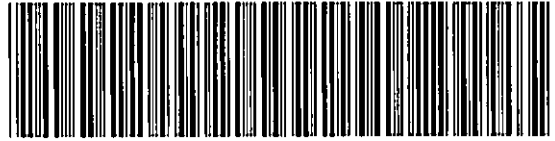
(Business Entity Name)

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2022 FEB 10 PM 4:10
SEC. OF STATE
TALLAHASSEE, FL
2022 FEB 10 PM 3:53
AL. SECRETARY

COVER LETTER

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

SUBJECT: Brevard St Marketplace 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: Kayla Jefferson
Name (Printed or typed)

626 W Brevard ST
Address

Tallahassee FL 32304
City, State & Zip

(850) 597-5427
Daytime Telephone number

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: Brevard ST Marketplace INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

626 W Brevard St
Tallahassee FL 32304

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Community Vending Opportunities,
Small Business Structure, Community Wellness and Financial
Literacy

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: As stated
in Bi-Laws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Kayla Jefferson CEO</u>	Name and Title:	_____
Address	<u>626 W Brevard St</u> <u>Tallahassee FL 32304</u>	Address:	_____

Name and Title:	<u>Jamar Leland Director</u>	Name and Title:	_____
Address	<u>14988 Leland Circle</u> <u>Tallahassee FL 32309</u>	Address:	_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

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2022 FEB 10 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FL

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: Justin Time Legal Analyst
Address: 660 W. Brevard St
Tallahassee, Florida 32304

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Kayla Jefferson
Address: 626 W Brevard St
Tallahassee, Florida 32304

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 2/10/2022 (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.

[Signature]
Required Signature of Registered Agent

2/10/2022
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.

[Signature]
Required Signature of Incorporator

2/10/2022
Date