

N 22000012231

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

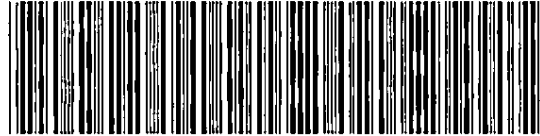
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Vol. dissolved - to file
as a new non-profit

Office Use Only



500396447325

10/28/22 01009-002 **18.75

10/26/22 60084 020 58.35

FILED
2022 OCT 28 AM 11:00
SECRETARY OF STATE
HALLMARK BUILDING

COVER LETTER

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

SUBJECT: Florida Eco Base 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: Roxanne Renaldo

Name (Printed or typed)

1660 Fife ct.

Address

Titusville, Florida 32796

City, State & Zip

321-567-8000

Daytime Telephone number

Rrenaldo05@gmail.com

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL

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: Florida Eco Base Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1660 Fife ct.

Titusville, Florida 32796

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Said organization is organized exclusively for charitable, religious,
educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt
organizations described under Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax
code. Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning
of Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed
to the federal government, or to a state or local government, for a public purpose.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael Renaldo President

Address: 1660 Fife ct.
Titusville, Florida 32796

Name and Title: Todd Drever Vice President

Address: 3447 Sutton Dr.
Titusville Florida 32796

Name and Title: Roxanne Renaldo Secretary

Address: 1660 Fife ct.
Titusville, Florida 32796

Name and Title: Jennifer Drever Treasurer

Address: 3447 Sutton Dr.
Titusville, Florida 32796

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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2022 OCT 28 AM 11:00
SECRETARY OF STATE
FLORIDA

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: Roxanne Renaldo _____

Address: 1660 Fife ct. _____

Titusville, Florida 32796 _____

ARTICLE VII INCORPORATOR

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

Name: Roxanne Renaldo _____

Address: 1660 Fife ct. _____

Titusville, Florida 32796 _____

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/24/2022 (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

Roxanne M. Renaldo
Required Signature of Registered Agent

10/24/2022
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.

Roxanne Renaldo
Required Signature of Incorporator

10/24/2022
Date

FILED
2022 OCT 28 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA