## P14000080511

(Rec	questor's Name)	
(Add	fress)	
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PICK-UP	WAIT	MAIL.
(Bus	iness Entity Nar	ne)
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Certified Copies		
Special Instructions to F	iling Officer:	
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## FLORIDA PROFIT BENEFIT CORPORATION COVER LETTER

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

SUBJECT:	2BWARE Inc. (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)			
	(I ROI OSED CORI ORI	TENAME - MOST ACE	ODE SCITIA)	
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d 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 of Status	
		ADDITIONAL CO	PY REQUIRED	
FROM:		amian Billy e (Printed or typed)		
***		in-One Circle, #208 Address		
		yers, FL 33919 State & Zip		
· 		9-415-0124 Telephone number		
		ly@gmail.com d for future annual report i	notification)	

NOTE: Please provide the original and one copy of the articles.



September 12, 2014

M. DAMIAN BILLY 14871 HOLE-IN-ONE CIRCLE, #208 FORT MYERS, FL 33919

SUBJECT: 2BWARE.COM Ref. Number: W14000055946

We have received your document for 2BWARE.COM and your check(s) totaling \$78.75. 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. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 014A00019627

## 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 benefit of	corporation shall be:	2BWA	RE.COM	ME		
	IPAL OFFICE Principal street address		Ma	ailing address, if diffe	rent is:	
16880 McGregor Blvc	880 McGregor Blvd., Suite 103 14871 Hole-in-One Circle,		e-in-One Circle, #2	#208		
Fort Myers, FL 33908		-	Fort Myers	, FL 33919		<del> </del>
The corporation elects to The purpose for which the	TSTATEMENT AND BUSINESS  be a benefit corporation in accord the corporation is organized is to cre -oriented community to address	lance with s. 607 cate a general pu	blic benefit a		ı	
venture integrates Ch	ristian-based ethical and moral	standards with	like-minded	SME businesses,	to	
focus on our nation's	value structure and disquieting	societal issues		*******		
follows (optional):	ific public benefit(s) to be created b	•			ose) is/are as	14 SE
operating mode endo	rses civility, thoughtful discourse	e, and positive	reinforceme	ent, in association	TARY TARY	30
with an expanding co	mmercial application. Members	share their per	spectives c	oncerning the natio	on's $\underline{\eta} \subseteq$	A P
heritage, individual rig	hts and personal freedoms. Co	mmunity-relate	d participar	ts gain a		:
moral support and ed	conomic benefit, from a kindred	relationship.				8
ARTICLE IV SHARI The number of shares of  ARTICLE V INITIA  Name and Title	stock is: 500 000 000  LOFFICERS, DIRECTORS, BEA  M. Damian Billy, Founder & Cl	N <u>EFIT DIRECT</u>		NEFIT OFFICER (		
Address	14871 Hole-in-One Circle, #20					
Address	Fort Myers, FL 33908	Addi				
			_			
Name and Title:		Name	and Title:			<del></del>
Address		Addr	ess:		<u> </u>	
			_	• • •		<del></del> .



Name ar	nd Title:	Name and Title:	1 1 inc ion 5.00
Address	· '	Address:	14 SEP 30 AM 11: 18
	•		SECRETURE OF STATE
			TALL AMAROUR OF COUNTY
If applic	able, BENEFIT DIRECTOR:	If applicable, BENEF	IT OFFICER:
Name:	M. Damian Billy, Founder & CEO	Name:	
Address	16880 McGregor Blvd. Ste. 103	Address:	
,	Fort Myers, FL 33908	Audicss.	
RTICLE VI	REGISTERED AGENT		
	lorida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	M. Damian Billy		
Address:	14871 Hole-in-One, #208		
	Fort Myers, FL 33919	_	
RTICLE VII	<u>INCORPORATOR</u>	_	
he name and a	ddress of the Incorporator is:		
Name:	M. Damian Billy		
Address:	14871 Hole-in-One, #208	_	
11333,000	Fort Myers, FL 33919	<del>_</del> _	
RTICLE VIII	ADDITIONAL QUALIFICATIONS OF BENE	FIT DIRECTOR, IF A	<u>vy:</u>
ndustry experi	ience spans 28 years in finance, government	relations, executive re	cruitment
Al product dev	elopment and marketing.		
	med as registered agent to accept service of proce		
his certificate, I	am familiar with and accept the appointment as r	egistered agent and agre	
717.	By M. Damian Shuy	B	September 8, 2014
	Required Signature/Registered Agent		Date
	Eument and affirm that the facts stated herein ar Department of State constitutes a third degree felo		
MB.	M. Damian Billy M	2	September 8, 2014
or for the	Required Signature/Incorporator	<u></u>	Date