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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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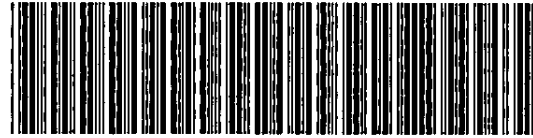
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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OCT 28 2014
S. GILBERT

ATTORNEYS CORPORATION SERVICE, INC.
5668 EAST 61ST STREET
COMMERCE, CA 90040
TEL: (800) 462-5487 ext.134 FAX: (800) 388-0330
EMAIL: ychong@attorneyscorpsservice.com

DOCUMENT FILING REQUEST LETTER

REGULAR FILING SERVICE

DATE: OCT. 21, 2014

FROM: Yoochul Chong

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
CLIFTON BUILDING
2661 EXECUTIVE CENTER CIRCLE
TALLAHASSEE, FL 32301

ATTN: DOCUMENT FILING DIVISION

RE: **Artists Benefit Corporation**

Enclosed is one of the following: **(X) ARTICLES OF
INCORPORATION**

Return request with filing: **(1) Plain Copy**

Return request via following: **(X) Priority Mail/Email**

Total Page(s) attached including transmittal page: (4)

****Fax/Email a copy of the filed documents upon acceptance of filing****

****PLEASE RETURN FILED DOCUMENTS ATTACHED WITH AN INVOICE TO:
ATTORNEYS CORPORATION SERVICE, INC.
5668 EAST 61ST STREET, COMMERCE, CA 90040****

****PLEASE CONFIRM UPON RECEIVED DOCUMENTS****

NOTE(S):

FLORIDA PROFIT BENEFIT CORPORATION

COVER LETTER

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

Artists Benefit Corporation
SUBJECT: _____
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

Yoochul Chong
FROM: _____
Name (Printed or typed)

5668 E 61st St

Address

Commerce CA 90040

City, State & Zip

800-462-5487 x 134

Daytime Telephone number

ychong@attorneyscorpsservice.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 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 corporation shall be: Artists Benefit Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2211 Buckminster Circle

Orlando FL 32803

ARTICLE III BENEFIT STATEMENT AND BUSINESS PURPOSE

The corporation elects to be a benefit corporation in accordance with s. 607.603, F.S.

The purpose for which the corporation is organized is to create a general public benefit and:

Helping change the world by changing the world of art. Providing services for artists.

The general and/or specific public benefit(s) to be created by the corporation (in addition to its general purpose) is/are as follows (optional):

ARTICLE IV SHARES

1000

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS, DIRECTORS, BENEFIT DIRECTOR AND BENEFIT OFFICER (if Applicable)

Name and Title: Edwin Boone Fowler II, Director

Name and Title: _____

Address 2211 Buckminster Circle

Address: _____

Orlando FL 32803

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

If applicable, BENEFIT DIRECTOR:

If applicable, BENEFIT OFFICER:

Name : _____ Name: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Legalinc Corporate Services Inc.

Address: 2846 NW 79th Avenue

Doral FL 33122

ARTICLE VII INCORPORATOR

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

Name: Yoochul Chong

Address: 5668 E 61st St

Commerce CA 90040

ARTICLE VIII ADDITIONAL QUALIFICATIONS OF BENEFIT DIRECTOR, IF ANY:

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

Required Signature/Registered Agent

10/21/14

Date

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

Required Signature/Incorporator

10/21/14

Date