P15000001548

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	
		ı



400267868104

01/05/15--01014--017 **70.00

2015 JAN -5 ANIZ: NO

Office Use Only

15/7-15

FLUKIDA PKUFTI BENEFTI CUKPUKATIUN

* COVER LETTER

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

Spa	ark Apps, Inc.		
SUBJECT:	(PROPOSED CORPO	PRATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an	original and one (1) copy of the	articles of incorporation and	d a check for:
\$70.0 Filing Fe	00 □ \$78.75 ee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL CO	PY REQUIRED
	Mark Carpenter		
FROM:		ame (Printed or typed)	
	2405 Davis Street	anne (Francei or typed)	
		Address	
	Tampa, FL 33605		
	954-288-7569	City, State & Zip	
•	Daytin Mark@SparkTheCause.com	ne 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 FOR FLORIDA PROFIT BENEFIT CORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the benefit						
ARTICLE II PRINC	IPAL OFFICE Principal street address	. 1	Mailing address,	if differen	nt is:	
2405 Davis Street Tai	mpa, FL 33605			TALLY SECR	2017	emond
		,		SVH SVI	₹ •	Louise, armes
The corporation elects t	T STATEMENT AND BUSINESS Is to be a benefit corporation in accorda	nce with s. 607.603, F.S.		15 13 N		
The purpose for which t	he corporation is organized is to crea	ate a general public benef	it and:	TATE	2: 48	
Spark Apps, Inc. raise	es money for high impact, charita	ble projects through ou	r Smart Phone	App tha	allows	3
Merchants to give dis	counts in exchange for charitable	donations.				
·····						
	stock is: AL OFFICERS, DIRECTORS, BEN Mark Carpenter, Chief Executiv	EFIT DIRECTOR AND I	BENEFIT OFF Charles V. Bu Technology C	ICER (if)	Chief	
Address		Address:			pt. 914	,
	Tampa, FL 33605		Tampa, FL 33	3618		
Name and Title	:	Name and Title	·			
Address		Address:				
						

› Name a	nd Title:	Name and Title:
Addres	s	Address:
If applie	cable, BENEFIT DIRECTOR:	If applicable, BENEFIT OFFICER:
Name:		Name:
Addres	s	Address:
4 D. M. C. C. T. I.		
ARTICLE VI The <u>name and</u> I	<u>REGISTERED AGENT</u> Florida street address Mark Carpenter	acceptable) of the registered agent is:
Name:	•	
Address:	2405 Davis Street	
	Tampa, FL 33605	
ARTICI F VII	INCORPORATOR	
	address of the Incorporator is: Mark Carpenter	
Name:	2405 Davis Street	
Address:	Tampa, FL 33605	
<u>ARTICLE VIII</u>	ADDITIONAL QUALIFICATION	S OF BENEFIT DIRECTOR, IF ANY:
Having been no	uned as registered agent to accept ser	vice of process for the above stated corporation at the place designat
this certificate,	am familiar with and accept the appo	pintment as registered agent and agree to act in this capacity
		1/1/15
	Required Signature/Registe	
	//	
I submit this de	cument and affirm that the facts state Department of State constitutes a thin	ted herein are true. I am aware that the false information submitted rd degree felony as provided for in s.817.155, F.S.
I submit this de	ocument and affirm that the facts states Department of State constitutes a this	ted herein are true. I am aware that the false information submitted rd degree felony as provided for in s.817.155, F.S.