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15 JUN -8 PM 1:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** Palm&Marsh, Inc.

(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  
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 COPY REQUIRED**

**FROM:** JOHN BEST

Name (Printed or typed)

165 PARKSIDE DRIVE

Address

ST AUGUSTINE FL 32095

City, State & Zip

9042344092

Daytime Telephone number

dploypas@gmail.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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

Article I: The name of the corporation shall be **PALM & MARSH, INC.**

Article II: The principal place of business and mailing address of the corporation

**Palm&Marsh, 165 Parkside Drive, St. Augustine FL 32095**

Article III: The corporation shall be designated as a **Social Purpose Corporation** pursuant to Florida Fla. Stat. §607.502(5) (SP corporation) with the specific benefit purpose to providing low-income or underserved individuals or communities with beneficial products or services, improving human health, and increasing the flow of capital to entities whose purpose is to provide a benefit to society through the charities of the stakeholders choice. By consulting business management in community impact awareness, social responsibility, and all other pursuits of community 'good' resulting in increased employee volunteering in the areas of said purpose.

Article IV: The number of shares this corporation is authorized to have is **100**.

ARTICLE V: Initial Officers are:

**John Best, Founder, 165 Parkside Drive, St. Augustine FL 32095**  
**Caryn Best, Director, 165 Parkside Drive, St. Augustine FL 32095**

ARTICLE V: Registered Agent:

**John Best, 165 Parkside Drive, St. Augustine FL 32095**

Article VII: The Incorporator is:

**John Best, 165 Parkside Drive, St. Augustine FL 32095**

Effective on the date of filing.

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/Registered Agent

6/11/15  
\_\_\_\_\_  
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

6/11/15  
\_\_\_\_\_  
Date

FILED  
15 JUN -8 PM 1:23  
STATE OF FLORIDA  
TALLAHASSEE