

PI5000088711

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

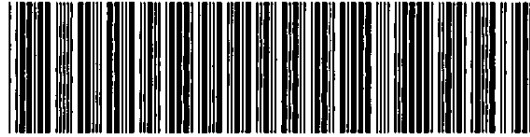
Certificates of Status _____

Special Instructions to Filing Officer:

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OCT 29 2015

T. SCOTT



300278224743

10/22/15--01023--020 **87.50

15 OCT 22 AM 10:52

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

SUBJECT:

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

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

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

FOREST FUND CO.

The name of the benefit corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1024 SNAPPER LANE

KEY LARGO, FL 33037

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:

THE COMPANY SETS OUT TO IMPROVE EFFICIENCY IN FOREST CONSERVATION. IT WILL ENGAGE
WITH BOTH PHILANTROPIC AND CORPORATE PLAYERS THAT SEEK TO SLOW DEFORESTATION.

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):

THE PUBLIC BENEFIT TO BE CREATED IS KEEPING FOREST STANDING IN RESPONSE TO AND IN
AN EFFORT TO MITIGATE CLIMATE CHANGE.

ARTICLE IV SHARES

10,000,00

The number of shares of stock is: _____

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

Name and Title: Sophia Anne Watkins, President

Name and Title: _____

Address 1024 Snapper Lane

Address: _____

Key Largo, FL 33037

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

15 OCT 22 AM 11:52

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

If applicable, BENEFIT DIRECTOR:

Name : _____

Address _____

If applicable, BENEFIT OFFICER:

Name: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: ECUADOR LAW LLC

Address: 1001 BRICKELL BAY DRIVE STE 1200

MIAMI, FL 33131

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

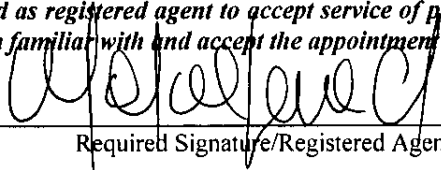
Name: ECUADOR LAW LLC

Address: 1001 BRICKELL BAY DRIVE STE 1200

MIAMI, FL 33131

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

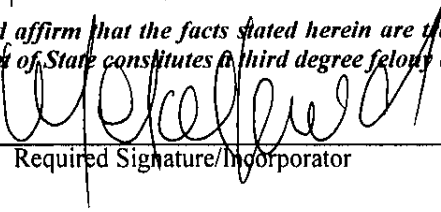


Required Signature/Registered Agent

10/9/15

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

10/9/15

Date