

P16000013038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

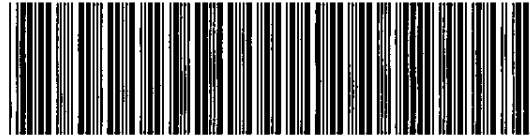
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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16 JAN 29 PM 3:09  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. Gulligan FEB - 9 2016

FLORIDA PROFIT BENEFIT CORPORATION

COVER LETTER

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

SUBJECT: LUCULLAN Co.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)  
LUCULLAN Co.

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: SANDY SAMUEL  
Name (Printed or typed)

20641 NW 17<sup>th</sup> Ave. Apt # 303  
Address

MIAMI GARDENS, FL. 33056  
City, State & Zip

305. 799. 2360  
Daytime Telephone number

SUNNYBRIDE 01@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 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: LUCULLAN Co.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

20641 NW 17th Ave. Apt 303

PO BOX 69-5559

MIAMI, FL 33056

MIAMI, FL 33269

**ARTICLE III BENEFIT STATEMENT AND BUSINESS PURPOSE**

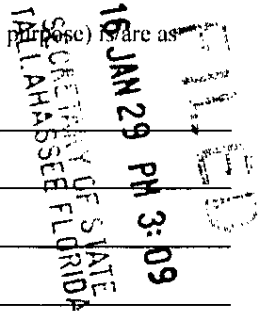
The corporation elects to be a benefit corporation in accordance with s. 607.603, F.S.

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

Please read pg. 3

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

Please read pg. 3



**ARTICLE IV SHARES**

The number of shares of stock is: Director: 97% share + Officer: 3% share = 100

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

Name and Title:	<u>SANDY SAMUEL/DIRECTOR</u>	Name and Title:	<u>CELETAT SAMUEL/OFFICER</u>
Address	<u>20641 NW 17th Ave. Apt 303</u>	Address:	<u>11998 NE 16th Ave. Apt. 104</u>
	<u>MIAMI FL 33056</u>		<u>MIAMI, FL 33161</u>

Name and Title:	<u>SANDY SAMUEL/BENEFIT DIRECTOR</u>	Name and Title:	_____
Address	<u>20641 NW 17th Ave. Apt 303</u>	Address:	_____
	<u>MIAMI FL 33056</u>		_____

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

If applicable, BENEFIT DIRECTOR:

If applicable, BENEFIT OFFICER:

Name: SANDY SAMUEL Name: \_\_\_\_\_

Address 20641 NW 17th Ave. 303 Address: \_\_\_\_\_

MIAMI FL 33056 \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: SANDY SAMUEL

Address: 20641 NW 17th Ave. Apt. 303

MIAMI GARDENS, FL 33056

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: SANDY SAMUEL

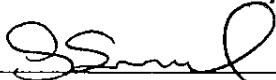
Address: 20641 NW 17th Ave. Apt 303

MIAMI GARDENS, FL 33056

**ARTICLE VIII ADDITIONAL QUALIFICATIONS OF BENEFIT DIRECTOR, IF ANY:**

SANDY SAMUEL, IS CURRENTLY THE EXECUTIVE DIRECTOR OF THE BONIFACE and CELITA FOUNDATION. THE FOUNDATION IS CURRENTLY A DONOR ADVISE FUND WITH THE MIAMI FOUNDATION. MS. SAMUEL ALSO HAVE BUSINESS DEGREE FROM KAPLAN UNIVERSITY.

*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

1/26/16  
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 s817.155, F.S.*



Required Signature/Incorporator

1/26/16  
Date

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16 JAN 29 PM 3:09  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE I NAME The name of the benefit corporation shall be:**

Lucullan Co.

**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:*

Given the increased rates of poverty nationwide, it has been found that four in ten US mothers know other mothers who cannot afford adequate supplies (hygiene, baby diapers, etc) for their child's daily needs. Lucullan Co. is a mission-driven and general public business. The first step is establishing goodwill that will have positive effect economically, in the environment and in our society. Lucullan Co. committed to improving the quality of life in communities, addressing Miami's exponential poverty rate by providing struggling parents with resources and the ability to purchase second-hand clothing, baby items/supplies, footwear, books and essentials to meet the daily needs of their child or children.

**ARTICLE III BENEFIT STATEMENT AND BUSINESS PURPOSE**

*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):*

Lucullan Co. Provides relief, filling the gap in resources by hosting fundraising endeavors that will bring awareness to local charities, making donations to charities, sponsor community events and partner with local charities and institutions in the community designed to support low-income and poverty-stricken families care for their children.

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46 JAN 29 PM 3:09  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

- ENC
- Florida Benefit Corporation Cover Letter (3 pg total)
  - Article Name Paperwork / explained
  - \$78.75 Money order

*Jul* 1/26/16