

PI6000020671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

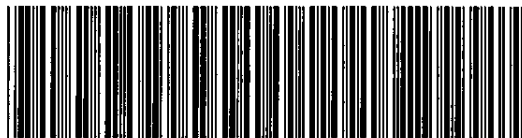
Certified Copies ☒

Certificates of Status ☐

Special Instructions to Filing Officer:

~~W16-7876~~

Office Use Only



600280069426

01/25/16--01004--003 \*\*78.75

FILED  
2016 FEB 26 PM 12:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR - 7 2016

T BROWN

**FLORIDA PROFIT BENEFIT CORPORATION**  
**COVER LETTER**

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

SoKa, PBC

**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

☒ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

Maurice Jason Weil  
**FROM:** \_\_\_\_\_  
Name (Printed or typed)  
524 NE 13th Avenue  
\_\_\_\_\_  
Address  
Fort Lauderdale, FL 33301  
\_\_\_\_\_  
City, State & Zip  
9547792646  
\_\_\_\_\_  
Daytime Telephone number  
mjweil@gmail.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 3, 2016

MAURICE JASON WEIL  
524 NE 13TH AVE  
FORT LAUDERDALE, FL 33301

SUBJECT: SOKA, PBC  
Ref. Number: W16000007876

We have received your document for SOKA, PBC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Teresa Brown  
Regulatory Specialist II

Letter Number: 016A00002355

**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: ~~Soka, PBC~~

Soka, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

524 NE 13th Avenue

Fort Lauderdale, FL 33301

**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 nature of the business or purpose to be conducted or promoted by the corporation is to promote

education, career literacy, and diversity awareness by engaging in any lawful purpose or purposes

for which corporations may be organized under the Florida Business Corporation Act ("FBCA").

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 corporation shall also promote a General Public Benefit by creating a material, positive effect

on society and the environment, taken as a whole, as assessed using a third-party standard which is

attributable to the business and operations of a benefit corporation.

**ARTICLE IV SHARES**

10,000

The number of shares of stock is:

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

Name and Title: Maurice Jason Weil, CEO

524 NE 13th Avenue

Address

Fort Lauderdale, FL 33301

Name and Title: Martita Mestey, President

1527 Seabreeze Blvd

Address:

Fort Lauderdale, FL 33316

Name and Title: Kathleen Weil, VP

524 NE 13th Avenue

Address

Fort Lauderdale, FL 33301

Name and Title: Rosanna Durruthy, VP

1527 Seabreeze Blvd

Address:

Fort Lauderdale, FL 33316

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:

Maurice Jason Weil

Name: \_\_\_\_\_

524 NE 13th Avenue

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

Fort Lauderdale, FL 33301

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Maurice Jason Weil

Name: \_\_\_\_\_

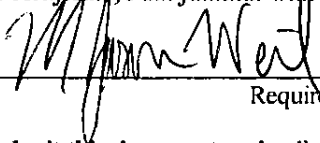
524 NE 13th Avenue

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

Fort Lauderdale, FL 33301

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

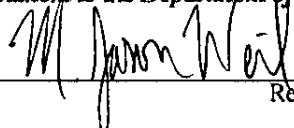
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Required Signature/Registered Agent

1/19/16  
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 s.817.155, F.S.*



Required Signature/Incorporator

1/19/16  
Date