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**CORPORATE
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INC.**

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236 East 6th Avenue, Tallahassee, Florida 32303
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☒ **CERTIFIED COPY**

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Inc.

1. World Partnerships Global Advisors, Inc.
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

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**SPECIAL
INSTRUCTIONS:**

ARTICLES OF INCORPORATION FOR FLORIDA PROFIT BENEFIT CORPORATION

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

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ARTICLE I NAME

The name of the benefit corporation shall be: World Partnerships Global Advisors, Inc.

16 SEP 20 5 3 14

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

547 First St. S, Suite 200

Saint Petersburg, FL 33701

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:

is to bring together a unique global network of people, ideas, and projects - World Partnerships

Advisors - and connect them with each other, with social entrepreneurs, with businesses, and with

capital to build a more sustainable, peaceful, just, and connected world.

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):

ARTICLE IV SHARES

The number of shares of stock is: 1500

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

Name and Title: Gary L Springer (Pres., Treas., Dir.)

Name and Title: Mary Ellen Upton (VP, Sec., Dir.)

Address 547 First St. S Suite 200

Address: 547 First St. S Suite 200

Saint Petersburg, FL 33701

Saint Petersburg, FL 33701

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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:

Name: Legalinc Corporate Services Inc.

Address: 5237 Summerlin Commons, Suite 400

Fort Myers, FL 33907

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Carri Brown

Address: 26025 Mureau Rd., Suite 120

Calabasas, CA 91302

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

Kustin Piell, manager
Required Signature/Registered Agent

9.19.16
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.

Carri
Required Signature/Incorporator

9/19/16
Date

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