

P/600090180

(Requestor's Name)

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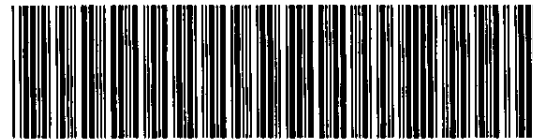
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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M. MOON

NOV 07 2016

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

DuGudd Corp.

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
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

Maria de Lourdes Perez Ramirez

FROM: _____
Name (Printed or typed)
PO Box 621133

Address
Orlando, FL 32862

City, State & Zip
319-331-5827

Daytime Telephone number
lourdes.perezramirez@dugudd-group.com

E-mail address: (to be used for future annual report notification)

16 NOV - 7 AM 11:09

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DuGudd, Corp.

The name of the benefit corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4435 Azure Isle Way, Kissimmee, FL 34744

Po Box 621133 Orlando, FL, 32862

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:

Help clients generate profits through PR & Marketing strategies conducive to social change.

Hence, our positioning statement, "PRfits with PRpose" (profits with 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):

Create job opportunities for minority women/men, aligned to social pupose and social change.

Develop inovative pricing strategies based on addressing and solving social issues.

Integrate clients' and DuGudd's businesses with social needs.

Eliminate the inconsistencies of current PR agencies' commissions system that discourage current & potential clients to embrace social change. Educate the business sector about social change/profits.

ARTICLE IV SHARES

1,000

The number of shares of stock is: _____

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

Name and Title: Maria de Lourdes Perez Ramirez.

Name and Title: _____

Director

Address

4435 Azure Isle Way, Kissimmee, FL 34744

Address: _____

Name and Title: Luis Andres Nieves Perez. Director

Name and Title: _____

4435 Azure Isle Way

Address

Kissimmee, FL 34744

Address: _____

STATE OF FLORIDA
16 NOV -7 AM 11:09
CLERK OF THE COURT

Address _____ Address: _____

If applicable, BENEFIT DIRECTOR:

If applicable, BENEFIT OFFICER:

Name : Maria de Lourdes Perez Ramirez Name: _____
4435 Azure Isle Way
Address Kissimmee, FL 34744 Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Ramon Luis Nieves Vazquez
4435 Azure Isle Way, Kissimmee, FL 34744
Address: _____

ARTICLE VII INCORPORATOR

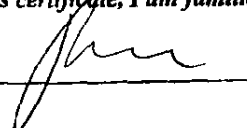
The name and address of the Incorporator is:

Name: Maria de Lourdes Perez Ramirez
4435 Azure Isle Way, Kissimmee, FL
Address: 34744

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

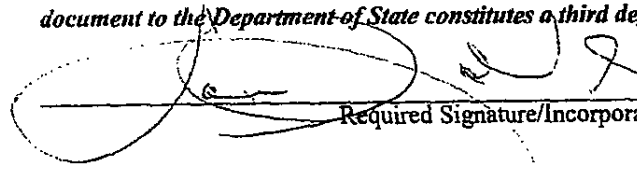
11/2/2016


Required Signature/Registered Agent

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.

11/2/2016


Required Signature/Incorporator

Date

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SECRETARY OF STATE
TALL
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