

P/60000932/4

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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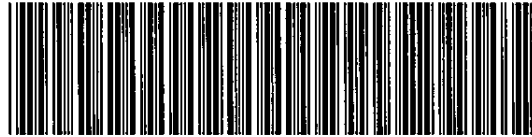
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATION
2016 NOV 23 PM 2:15

11/28/16

FLORIDA PROFIT BENEFIT CORPORATION

COVER LETTER

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

Indigo Circle Inc.

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

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

Indigo Circle Inc.

FROM: _____
Name (Printed or typed)
238 South Links Ave.

Address
Sarasota, FL 34236

City, State & Zip
941-726-7129

Daytime Telephone number
indigocircleinc@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

Indigo Circle Inc.

The name of the benefit corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

238 South Links Ave.

Sarasota, Fl. 34236

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 purpose for which this corporation is organized is to create general public benefit,

by offering community building services, by providing educational services, by providing

environmental sustainability educational opportunities, and to do any and all lawful business.

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

10000

The number of shares of stock is: _____

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

Name and Title: _____
Melanie Smith President

Name and Title: _____

Address _____
238 South Links Ave.

Address: _____

Sarasota, Fl

34236

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: _____
Melanie Smith

Address: _____
238 South Links Ave.

Address: _____
Sarasota FL, 34236

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: _____
Melanie Smith

Address: _____
238 South Links Ave.

Address: _____
Sarasota, FL 34236

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

Melanie O. Smith

Required Signature/Registered Agent

11/20/2016

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.

Melanie O. Smith

Required Signature/Incorporator

11/20/2016

Date

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