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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT BENEFIT CORPORATION

COVER LETTER

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

SUBJECT: _____

Splash Pals, Inc.
(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

FROM: _____

Justin Cooke
Name (Printed or typed)

808 Tivoli Cir. APT 207

Address

Deerfield Beach, FL 33441

City, State & Zip

563-920-5049

Daytime Telephone number

splashpals@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: Splash Pals, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

808 Tivoli Cir. APT 207

Deerfield Beach, FL 33441

Mailing address, if different is:

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:

to implement adapted aquatics programs that improve the physical and mental well-being of the children, students, and others involved in the program.

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):

To implement adapted aquatics programs that aim to improve the quality of life for children, and others, with various physical and developmental disabilities, as well as healthcare, and other, directed students.

To spread the importance of helping others and instilling the values of altruism in our members and the members of the communities in which we live and love.

ARTICLE IV SHARES

The number of shares of stock is: 100

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

Name and Title: Justin Cooke - Director

Address: 808 Tivoli Cir. APT 207
Deerfield Beach, FL 33441

Name and Title: Jenna Goldsmith - Director

Address: 808 Tivoli Cir. APT 207
Deerfield Beach, FL 33441

Name and Title: _____

Address: _____

Name and Title: _____

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: Jenna Goldsmith

Address: 808 Tivoli Cir. APT 207
Deerfield Beach, FL 33441

ARTICLE VII INCORPORATOR

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

Name: Justin Cooke

Address: 808 Tivoli Cir. APT 207
Deerfield Beach, FL 33441

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

Jenna Goldsmith
Required Signature/Registered Agent

1-23-17
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.

JC
Required Signature/Incorporator

1-23-17
Date