

P17000033819

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TALLAHASSEE, FLORIDA

W17-023685

04/13/17



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 20, 2017

DAVID GAGNE
827 N.W. 14TH CT.
FT. LAUDERDALE, FL 33304

SUBJECT: GRINDFUSION PBC
Ref. Number: W17000023685

We have received your document for GRINDFUSION PBC and your check(s) totaling \$70.00. 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.

The registered agent must sign accepting the designation.

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected original and one copy of 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.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 917A00005267

17 MAR 2017

FLORIDA PROFIT BENEFIT CORPORATION

COVER LETTER

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

SUBJECT: Gindfusion PBC, 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: David L. Gagne
Name (Printed or typed)

401 E. Las Olas Blvd Suite 130-302
Address

Fort Lauderdale, FL 33301
City, State & Zip

(954) 489-8579
Daytime Telephone number

DAVID@Gindfusion.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: GrindFusion PBC, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
5079 N Dixie Hwy #172
Oakland Park, FL 33334

Mailing address, if different is:
401 E Las Olas Blvd.
Suite 130-302
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:

Increase economic activity and individuals' access
to production resources.

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):

Improve the quality of life for small business owners,
their employees, and their families.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

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

Name and Title: David L. Gagne, CEO Name and Title: _____

Address: 401 E Las Olas Blvd Address: _____
Suite 130-302
Fort Lauderdale, FL 33301

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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17 APR 11 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

If applicable, BENEFIT DIRECTOR:

Name: David L. Gagne

Address: 401 E. Las Olas Blvd

Suite 130 - 302

Fort Lauderdale, FL 33301

If applicable, BENEFIT OFFICER:

Name: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: WLP Financial Group, Inc.

Address: 5079 N. Dixie Hwy #172

Oakland Park, FL 33334

ARTICLE VII INCORPORATOR

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

Name: David L. Gagne

Address: 401 E Las Olas Blvd

Suite 130 - 302 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

April 8, 2017

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

April 8, 2017

Date

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TALLAHASSEE, FLORIDA