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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 JUN 20 PM 12:01

2017 JUN 20 AM 11:30
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: _____

Note Booster

(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: _____

Evan Ernst

Name (Printed or typed)

106 Deleon Rd.

Address

Cocoa Beach, FL 32931

City, State & Zip

321 506 0074

Daytime Telephone number

Evan.Ernst20@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: Note Booster, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

106 Delem Rd Cocoa Beach, FL
32931

Same

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 empower & fund student organizations.

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 serve as a fundraising tool for student organizations
to realize their full potential to transform communities, locally
& globally.

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: EVAN ERNST Name and Title: Chief Impact officer

Address: 106 Delem Rd Address: _____
Cocoa Beach, FL
32931

Name and Title: Gregor Richardson Name and Title: _____

Address: 106 Delem Rd Address: _____
Cocoa Beach, FL
32931 Chief operating officer

Name and Title: Guilherme Yazbek
Address: 106 Delcon Rd.
Cocon Beach, FL
32931

Name and Title: The Wiz
Address: Chief Technology Officer

If applicable, BENEFIT DIRECTOR:

Name: _____
Address: _____

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: EVAN ERNST
Address: 106 Delcon Rd. Cocon Beach
FL 32931

ARTICLE VII INCORPORATOR

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

Name: EVAN ERNST
Address: 106 Delcon Rd. Cocon Beach
FL 32931

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

[Signature]
Required Signature/Registered Agent

6/15/17
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.

[Signature]
Required Signature/Incorporator

6/15/17
Date

I am the owner of Notebooks. Please proceed with
the current filing.

Thank you,

Yvonne East

2017 JUN 20 AM 11:49

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STATE
TALLAHASSEE, FLORIDA