

P17000058730

(Requestor's Name)

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(City/State/Zip/Phone #)

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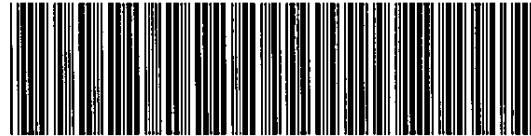
(Business Entity Name)

(Document Number)

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17 JUL 10 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W17000050510



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 16, 2017

DORCAS HEAD DELFYETT
9300 CONROY WINDERMERE ROAD UNIT 1156
WINDERMERE, FL 34786 US

SUBJECT: RAINBOW DISTRIBUTION CENTER INCORPORATED
Ref. Number: W17000050510

We have received your document for RAINBOW DISTRIBUTION CENTER INCORPORATED and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

The registered agent must sign accepting the designation.

Please return 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.

JUAN A REYES
Regulatory Specialist II

Letter Number: 017A00012276

RECEIVED
17 JUL 10 PM 3:54
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

FLORIDA PROFIT BENEFIT CORPORATION
COVER LETTER

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

Rainbow Distribution Centre Incorporated

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

Dorcas Head Delfyett

FROM: _____
Name (Printed or typed)

9300 Conroy Windermere Road, Unit 1156

Address

Windermere, Florida 34786

City, State & Zip

321-356-3993

Daytime Telephone number
rainbowdistributioncentre@yahoo.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

Rainbow Distribution Centre Incorporated

The name of the benefit corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is: _____

Rainbow Distribution Centre Incorporated

9300 Conroy Windermere Road, Unit 1156

Windermere, Florida 34786

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 engage in any lawful activity for which corporations may be incorporated in the state.

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 provided for the needs and wants of individuals seeking the need for the lawful activities for

which corporations my be incorporated in the state.

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: Dorcas Head Delfyett, COO

Name and Title: _____

Address 9300 Conroy Windermere Road

Address: _____

Unit 1156

Windermere, Florida 34786

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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17 JUL 10 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Dorcas Head Delfyett

Name: _____
9300 Conroy Windermere Road, Unit 1156

Address: _____
Windermere, Florida 34786

ARTICLE VII INCORPORATOR

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

Dorcas Head Delfyett

Name: _____
9300 Conroy Windermere Road, Unit

Address: _____
1156
Windermere, Florida 34786

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TALLAHASSEE, FLORIDA

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:

Dorcas H. Delfyett
Required Signature/Registered Agent

7-1-17
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.

DORCAS H. DELFYETT
Required Signature/Incorporator

7-1-17
Date