

P 17 0000 701 65

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

N. SAMS

AUG 22 2017



000302718780

08/21/17--01013--003 \*\*78.75

17 AUG 21 PM 4:06  
CLERK OF COURT  
JANICE L. HARRIS  
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT SOCIAL PURPOSE CORPORATION**  
**COVER LETTER**

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

Community Riches, 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 type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

Suzanne W. Feeney

**FROM:** \_\_\_\_\_  
Name (Printed or typed)

6655 Martinique Way

\_\_\_\_\_  
Address

Vero Beach, Florida 32967

\_\_\_\_\_  
City, State & Zip

772-925-2952

\_\_\_\_\_  
Daytime Telephone number

suzy@communityriches.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 SOCIAL PURPOSE CORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the social purpose corporation shall be Community Riches, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

6655 Martinique Way, Vero Beach, FL. 32967

**ARTICLE III SOCIAL PURPOSE STATEMENT AND BUSINESS PURPOSE**

The corporation elects to be a social purpose corporation in accordance with s. 607.503, F.S.

The business purpose and public benefit(s) for which the corporation is organized are:

To service the needs in the State of Florida of the citizens of the State off Florida through variou

The specific public benefit(s) to be created by the corporation (in addition to its general purpose) is/are as follows (optional):  
Community wide backbone organization to support economic, cultural and educational development.

**ARTICLE IV SHARES** 1000

The number of shares of stock is: \_\_\_\_\_

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

Name and Title: Suzanne W. Feeney, President

Name and Title: \_\_\_\_\_

Address: 6655 Martinique Way

Address: \_\_\_\_\_

Vero Beach, FL. 32967

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

FILED  
17 AUG 21 PM 4:06  
CLERK OF DISTRICT COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE SEVENTH JUDICIAL CIRCUIT  
IN FLORIDA

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:  
Suzanne W. Feeney

Name: \_\_\_\_\_  
6655 Martinique Way

Address: \_\_\_\_\_  
Vero Beach, Florida 32967  
\_\_\_\_\_

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:  
Suzanne W. Feeney

Name: \_\_\_\_\_  
6655 Martinique Way

Address: \_\_\_\_\_  
Vero Beach, Florida 32967  
\_\_\_\_\_

**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*

SUZANNE W. FEENEY  
Required Signature/Registered Agent

8/18/17  
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.*

SUZANNE W. FEENEY  
Required Signature/Incorporator

8/18/17  
Date

FILED  
17 AUG 21 PM 4:06  
CLERK OF CIRCUIT COURT  
VERO BEACH, FLORIDA