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((Requestor's Name)	
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PICK-UP	WAIT	MAIL
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	(Document Number)	
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Special Instructions	to Filing Officer:	

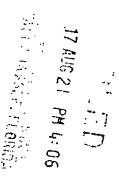
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FLORIDA PROFIT SOCIAL PURPOSE CORPORATION COVER LETTER

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

Comr	nunity Riches,Inc		
SUBJECT:			
. <u> </u>	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an or	iginal and one (1) copy of the art	icles of incorporation and	d a check for:
S70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status
		L	
	suzanne W. Feeney		
_	Name 655 Martinique Way	e (Printed or typed)	
	ero Beach, Florida 32967	Address	
	City. 72-925-2952	State & Zip	<u></u>
- SI	Daytime 1 uzy@communityriches.com	elephone number	
E-mail:	address: (to be used for future annu	ual 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) ### Community Riches Inc.

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 basiness 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 (option Community wide backbone organization to support economic, cultural and educational development. **Particle IV** SHARES** 1000 The number of shares of stock is: **ARTICLE IV** INITIAL OFFICERS, DIRECTORS, BENEFIT DIRECTOR AND BENEFIT OFFICER (if Amplicable) Suzanne W. Feeney, President Name and Title: **Name and Title:** Name and Title:** Address:** Name and Title:** Name and Title:** Address:** Name and Title:** Name and Title:*		urpose corporation shall be		
ARTICLE II 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 beneritis; to which the corporation is aparazed 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 (option Community wide backbone organization to support economic, cultural and educational development. ARTICLE IV SHARES 1000 The number of shares of stock is: ARTICLE V INTIAL OFFICERS DIRECTORS, BENEFIT DIRECTOR AND BENFIT OFFICER Of Amplicable) Suzanne W. Feeney, President Name and Title: 6655 Martinique Way Address Vero Beach, FL. 32967 Name and Title: Name and Title: Address Name and Title:	<u> ARTICLE II - PRINC</u>		Mailing	address, if different is:
ARTICLE IV NITAL OFFICERS, DIRECTORS, BENEFIT DIRECTOR AND BENEFT OFFICER (if Applicable) Suzanne W. Feeney, President Name and Title: Name and Title: Address Name and Title: Name and Title: Address Name and Title:	6655 Martinique Way	, Vero Beach, FL. 32967		
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, RENEFIT DIRECTOR AND BENFIT OFFICER (if Amplicable) Suzanne W. Feeney, President Name and Title: 6655 Martinique Way Address Vero Beach, FL. 32967 Name and Title: Address Address Name and Title: Address Name and Title: Name and Title: Address Name and Title: Name and Title: Address	The corporation elects t The business purpose ar	PURPOSE STATEMENT AND BUS to be a social purpose corporation in a and public benefit(s) for which the corp	coordance with s. 607,503, F.S. poration is organized are:	ough variou
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Name and Title:	ARTICLE IV SHAR. The number of shares of			
Name and Title:	ARTICLE V INITL	AL OFFICERS IMPECTORS RESE	EETT DIRECTOR AND RENEU	" ()FEICER (if Annlicable)
Address Address		Suzanne W. Feeney, President		
Name and Title: Address: Address: Name and Title:	Address		Address:	
Address: Address: Name and Title: Name and Title:		Voic Belleti, F.E. 82367		
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	Norway and Title		Name and Title	21 P
AGOTESS	Address			9) 4
7 Address	/ Kita Con			37.0

If applicable, BENEFIT DIRECTOR:		If applicable, BENEFIT	If applicable, BENEFIT OFFICER:		
Name	: <u></u> .	Name:			
Addr	ess	Address:			
ARTICLE VI The name and	<u>REGISTERED AGENT</u> I Florida street address (P.O. Box NOT acc Suzanne W. Feeney	eptable) of the registered agent is:			
Name:	6655 Martinique Way		12		
Address:	Vero Beach, Florida 32967		AUG 21 PH 4: 05		
<u>ARTICLE VII</u>	I INCORPORATOR		PH 4: 05		
The name and	l address of the Incorporator is: Suzanne W. Feeney				
Name:	6655 Martinique Way				
Address:	Vero Beach, Florida 32967	<u> </u>			
<u>ARTICLE VII</u>	II ADDITIONAL QUALIFICATIONS OF	EBENEFIT DIRECTOR, IF ANY	<u>:</u>		
	named as registered agent to accept service , I am familiar with and accept the appointn				
<u></u>	IZANEW, FEER	\vent	8 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
I submit this document to the	document and affirm that the facts stated he Department of State constitutes a third de	erein are true. I am aware that th	ne false information submitted in a 7.155, F.S.		
	Z Required Signature/Incorpora	<u></u>	c 8 17 Date		