

P17000071429

(Requestor's Name)

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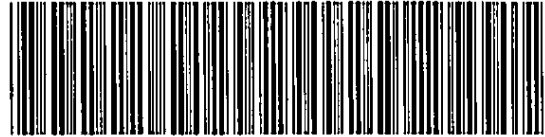
(Business Entity Name)

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TALLAHASSEE, FLORIDA

08/25/17

FLORIDA PROFIT BENEFIT CORPORATION

COVER LETTER

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

PII Center, 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 checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Donna Chesteen, Esq.
The Tech Law Firm, PLLC

Name (Printed or typed)
1 S. Orange Ave., Suite 502

Address
Orlando, FL 32801

City, State & Zip
407-392-0323 ext 101

Daytime Telephone number
donna@thetechlawfirm.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

Pll Center, Inc.

The name of the benefit corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
225 E. Robinson St., Suite #660
Orlando, FL 32801

Mailing address, if different is:

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:

(i) to provide a material positive impact on society, taken as a whole, as assessed against a third-party

standard, from the business and operations of a benefit corporation; and

(ii) to promote human performance and excellence through intelligence, innovation, and education

(advancement of knowledge) as a catalyst for change and as a response to all that fundamentally threatens

what's generally accepted as globally good for all.

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):

We intend to promote analytics, business intelligence (BI), and artificial intelligence as the principal

technologies defining the future of innovation. To this end, we will partner with leading academic institutions

committed to technology and innovation in order to ready a population of technology-centric business leaders,

universities, students, and entrepreneurs into an explosive community committed to leading the next era of

innovation.

ARTICLE IV SHARES

10,000,000

The number of shares of stock is:

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

Joshua Sutton, Chairman

Name and Title:

225 E. Robinson St., Suite #660

Address

Orlando, FL 32801

Adrian Muhammad, Vice-Chair

Name and Title:

P. O. Box 3294

Address:

Windermere, FL 34786

Tommy Bliven, CEO

Name and Title:

225 E. Robinson St., Suite #660

Address

Orlando, FL 32801

Daniel Zagales, COO

Name and Title:

225 E. Robinson St., Suite #660

Address:

Orlando, FL 32801

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:
Donna Chesteen, Esq.

Name: _____
T S. Orange Ave., Suite 502

Address: _____
Orlando, FL 32801

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
Donna Chesteen, Esq.

Name: _____
T S. Orange Ave., Suite 502

Address: _____
Orlando, FL 32801

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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

Donna Chesteen
Required Signature/Registered Agent

8/21/17
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.

Donna Chesteen
Required Signature/Incorporator

8/21/17
Date