

F1800000 2767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

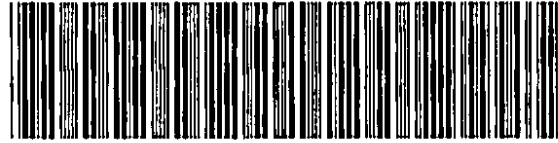
Certificates of Status \_\_\_\_\_

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JAN 10 2018



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

To Whom It May Concern:

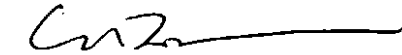
Please note the effective date of 1/1/11 or later as needed upon receipt of paperwork.

This form doesn't have the "effective date".

We would like to register the business in 2018, so that the annual report will be due in 2019.

Please contact us with any questions by phone.

Thank you,



Courtney Freeman

- check for 78.75  
enclosed -

**ARTICLES OF INCORPORATION FOR FLORIDA PROFIT BENEFIT CORPORATION**

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

**ARTICLE I NAME**

White Buffalo Spirit Inc.

The name of the benefit corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is: \_\_\_\_\_

2919 Spruce Ave., Apt. A

West Palm Beach, FL 33407

**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:

**generate revenue through the marketing and sales of services and/or products conceived with positive intention. This corporation will operate with consideration to environmental impact and will also make an effort to honor the Native American legend of White Buffalo Calf Woman.**

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 support projects that promote beneficial social impact regarding Native American socio-economic or health concerns.**

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CLERK OF CIRCUIT COURT  
MIAMI-DADE COUNTY, FLORIDA

**ARTICLE IV SHARES**

1,000,000

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

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

Name and Title: Stanton J. Freeman, Chairman

Name and Title: Courtney Aura Freeman, President  
CEO

Address: 2919 Spruce Ave. Apt. A

Address: 1807 12th St.

West Palm Beach, FL 33407

Santa Monica, CA 90404

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

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

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

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

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:

Stanton J. Freeman

Name: \_\_\_\_\_

2919 Spruce Ave., Apt A

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

West Palm Beach, FL 33407

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Stanton J. Freeman

Name: \_\_\_\_\_

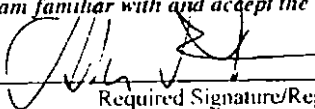
2919 Spruce Ave., Apt A

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

West Palm Beach, FL 33407

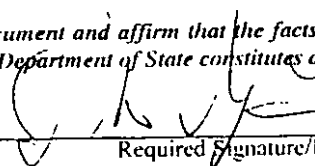
**ARTICLE VIII ADDITIONAL QUALIFICATIONS OF BENEFIT DIRECTOR, IF ANY:**

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

  
Required Signature/Registered Agent

12/20/17  
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.

  
Required Signature/Incorporator

12/20/17  
Date

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STATE DEPT OF STATE  
PALM BEACH, FLORIDA