

P18000014653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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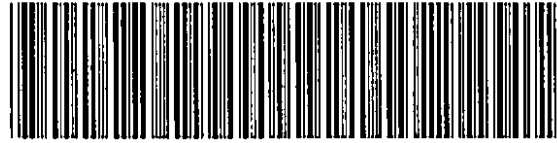
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SUPERIOR COURT
FALLS CHURCH, VA

N CULLIGAN

FEB 14 2018

FLORIDA PROFIT BENEFIT CORPORATION

COVER LETTER

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

Mission516 Co

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

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

Jonathan Lyons
FROM: _____
Name (Printed or typed)
65 Crissman Rd

Address
Santa Rosa Beach FL 32459

City, State & Zip
850-687-5300

Daytime Telephone number
Jon@mission516.co

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

Mission516 Co

The name of the benefit corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

65 Crissman Rd

Santa Rosa Beach, FL 32459

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:

Raise capital through product sales, awareness, and mission trip experiences to assist and provide

sustainable shelter, food, and education to underserved low-income peoples in the countries of,

but not limited to, Nicaragua, Peru, Kenya, and Dominican Republic.

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):

Building sustainable homes, gardens, childrens feeding centers, libraries, community areas,

and churches in areas of poverty in Nicaragua, Peru, Dominican Republic, Kenya.

Raising awareness in the United States of the basic necessity needs in these areas.

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: Lyons, Jonathan A Director

Address: 65 Crissman Rd

Santa Rosa Beach, FL 32459

Name and Title: Lyons, Fantasia Y Director

Address: 65 Crissman Rd

Santa Rosa Beach, FL 32459

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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18 FEB 12 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

If applicable, BENEFIT DIRECTOR:

Lyons, Jonathan

Name :

65 Crissman Rd

Address

Santa Rosa Beach, FL 32459

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:

Lyons, Jonathan

Name: _____

65 Crissman Rd

Address: _____

Santa Rosa Beach, FL 32459

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Lyons, Jonathan

Name: _____

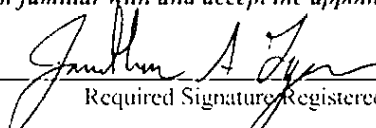
65 Crissman Rd

Address: _____

Santa Rosa Beach, FL 32459

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

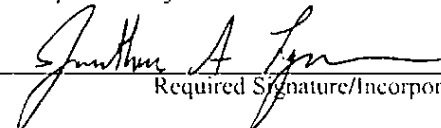


Required Signature Registered Agent

2/8/18

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

2/8/18

Date

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STATE DEPT OF STATE
TALLAHASSEE, FLORIDA