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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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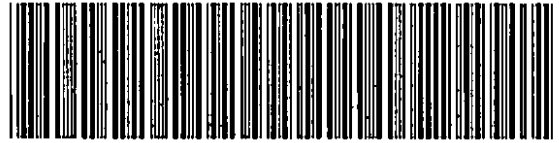
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 MAR -5 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. O'KEEFE
MAR 14 2018

W18-18358



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 23, 2018

TREVOR BREWER
620 N WYMORE RD, STE 270
MAITLAND, FL 32751

SUBJECT: MOCAMA BREWING COMPANY, INC.
Ref. Number: W18000018358

We have received your document for MOCAMA BREWING COMPANY, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires any business entity serving in the capacity of a registered agent to have an active registration or filing on our records.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 218A00003805

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT BENEFIT CORPORATION

COVER LETTER

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

SUBJECT: MOCAMA BREWING COMPANY, INC.

(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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: TREVOR BREWER
Name (Printed or typed)
620 N WYMORE RD, STE 270
Address
MAITLAND, FL 32751
City, State & Zip
407-660-2964
Daytime Telephone number
TBREWER@BREWERLONG.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

The name of the benefit corporation shall be: MOCAMA BREWING COMPANY, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

629 S. 8TH STREET

FERNANDINA BEACH, FL 32034

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:

ANY AND ALL LAWFUL BUSINESS.

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):

1) PROTECTING OR RESTORING THE ENVIRONMENT; 2) IMPROVING HUMAN HEALTH;

3) PROMOTING THE ARTS, SCIENCES, OR ADVANCEMENT OF KNOWLEDGE;

4) INCREASING THE FLOW OF CAPITAL TO ENTITIES THAT HAVE AS THEIR STATED PURPOSE

THE PROVISION OF A BENEFIT TO SOCIETY OR THE ENVIRONMENT; AND

5) ANY OTHER PUBLIC BENEFIT CONSISTENT WITH THE PURPOSES OF THE BENEFIT CORPORATION.

ARTICLE IV SHARES

10,000

The number of shares of stock is: _____

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

Name and Title: MICHAEL OLIVERI, PRESIDENT

Name and Title: _____

Address 629 S. 8TH STREET

Address: _____

FERNANDINA BEACH, FL 32034

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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18 MAR -5 PM 2:03
TALLAHASSEE, FLORIDA



Name and Title: _____ Name and Title: _____

Address _____ Address: _____

If applicable, BENEFIT DIRECTOR:

Name : DEREK IMES

Address 629 S. 8TH STREET
FERNANDINA BEACH, FL 32034

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:

Name: BREWERLONG PLLC
Address: 620 N WYMORE RD, SUITE 270
MAITLAND, FL 32751

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: MICHAEL OLIVERI
Address: 629 S. 8TH STREET
FERNANDINA BEACH, FL 32034

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18 MAR -5 PM 2:03
CLERK OF COURT
TALLAHASSEE, FLORIDA

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

Feb 13, 2018

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

Feb 13, 2018

Date