

Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
Humani Tea, Inc.

Certificate of Status	1
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FLORIDA PROFIT BENEFIT CORPORATION

COVER LETTER

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

Humani Tea, 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
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

W. Scott Turnbull

FROM:

Name (Printed or typed)

759 SW Federal Highway, Suite 106

Address

Stuart, FL 34994

City, State & Zip

772-287-2600

Daytime Telephone number

turnbull@crarybuchanan.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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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: Humani Tea, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

101 S. Staffon Street

Ludington, MI 49431

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:

Selling fair trade packaged tea, coffee, drinks and products.

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):

Invest in programs, initiatives, and organizations to prevent human trafficking.

ARTICLE IV SHARES

The number of shares of stock is: 10,000

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

Name and Title: Chris Turnbull, VP

Name and Title: Carmen Biggs, Pres.

Address: 101 S. Staffon Street

Address: 101 S. Staffon Street

Ludington, MI 49431

Ludington, MI 49431

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
If applicable, BENEFIT DIRECTOR:	If applicable, BENEFIT OFFICER:
Name: _____	Name: Rich Ambrose
Address: _____	Address: 101 S. Staffon
_____	Ludington, MI 49431
_____	_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: W. Scott Turnbull
 Address: 759 SW Federal Highway, Suite 106
 Stuart, FL 34994

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: W. Scott Turnbull
 Address: 759 SW Federal Highway, Suite 106
 Stuart, FL 34994

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 3/22/18
 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 3/22/18
 Date

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