

PI 8000028933

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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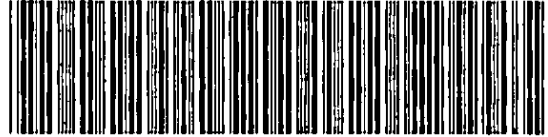
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA
CLERK OF SUPERIOR COURT

FLORIDA PROFIT BENEFIT CORPORATION

COVER LETTER

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

TCSM Benefit Corporation

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

Jerry G. Nealy
FROM: _____
Name (Printed or typed)

1509 West Grace Street

Address

Tampa, Florida 33607-5521

City, State & Zip

813-526-3630

Daytime Telephone number

jerrygnealy@gmail.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: TCSM Benefit Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1509 West Grace Street

P.O. Box 172176

Tampa, FL 33607-5521

Tampa, FL 33672-0176

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:

provide healthy foods and food desserts to under-served markets, while simultaneously acting as an

agency of economic enfranchisement and empowerment for low income communities and low income

persons (LICs/LIPs), through job creation and any and all lawful engage business deriving first from

an agricultural anchored business. Secondly, by employing and initiating wealth generating capacity

and outcomes via equity capital development funds in and for LICs/LIPs.

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):

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

100

The number of shares of stock is: _____

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

Name and Title: Jerry G. Nealy, President

Name and Title: _____

Address 1509 West Grace Street

Address: _____

Tampa, FL 33607-5521

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

If applicable, BENEFIT DIRECTOR:

Name : Jerry G. Nealy

Address 1509 West Grace Street

Tampa, FL 33607-5521

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: Jerry G. Nealy

Address: 1509 West Grace Street

Tampa, FL 33607-5521

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Charles M. Holloman II, Esq.

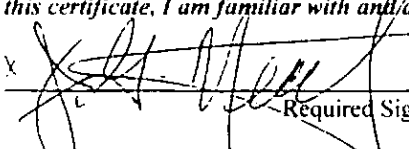
Address: 502 North Armenia Avenue

Tampa, FL 33609

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JERRY G. NEALY
TALLAHASSEE, FLORIDA

ARTICLE VIII ADDITIONAL QUALIFICATIONS OF BENEFIT DIRECTOR, IF ANY:

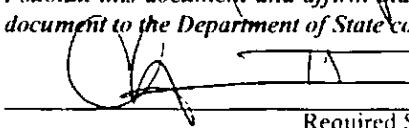
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

x 
Required Signature/Registered Agent

3/20/2018

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

3/20/2018

Date