## PROCOCO50395

(Requestor's Name)				
(Address)				
(Address)				
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PICK-U	P WAIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
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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

SUBJECT:	Women Ambassadors Forum Inc.				
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u> )		
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate o Status  PPY REQUIRED		
FROM:	FL Patel Law PLLC				
	Nam	e (Printed or typed)			
	360 Cen	tral Avenue, Suite 800			
		Address			
	Saint Petersburg, Florida 33701				
	City	, State & Zip			
	727-2	79-5037			
	Daytime '	l'elephone number			
	ingrid.h	arb05@gmail.com			
<del></del>	E-mail address: (to be use	ed for future annual report i	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 co	prporation shall be:	Women Ambassadors Forum Inc.	
	PAL OFFICE Principal street address	Mailing address	, if different is:
500 Knigl	nts Run Avenue		
Tampa,	Florida 33602	·	
The corporation elects to The purpose for which the To create an inclusive, er		ance with s. 607.603, F.S. eate a general public benefit and: aders that enables an open dialogue	ring woman landars
		d. The Company will strive to provide aspinities to unlock their potential to spark pos	
	ic public benefit(s) to be created b	y the corporation (in addition to its genera	al purpose) is/are as
follows (optional):			
			211
			MC T
ARTICLE IV SHARES The number of shares of si			M 2: 51 STATE FLORIDA
	•	SEFIT DIRECTOR AND BENEFIT OFF	ICER (if Applicable)
Name and Title:		Name and Title:	
Address _	500 Knights Run Avenue	Address:	
-	Tampa, Florida 33602		
Name and Title:_		Name and Title:	
Address			
		/ Hadress.	
-		<del></del>	

Name and Title:		Name and Title:	
Address			
		<del></del>	
If applicable,	BENEFIT DIRECTOR:	If applicable, BENEFIT OFFICER:	
Name:	Ingrid Harb, Director	Name:	
Address	500 Knights Run Avenue	Address:	
	Tampa, Florida 33602		
	SISTERED AGENT a street address (P.O. Box NOT accepta	able) of the registered agent is:	
Name:	Fi. Patel Law PLLC		
Address:	360 Central Avenue #800		2016
	Saint Petersburg, Florida 33701		AH
ARTICLE VII INC	ORPORATOR		2018 JUN -4 PH 2: 51
The <u>name and addres</u>	ss of the Incorporator is:		PH 2: OF SWEEL FLOR
Name:	Kalpesh J. Patel, Esquire	<del></del>	2: 1 5) M
Address:	360 Central Avenue #800		<u> </u>
	Saint Petersburg, Florida 33701		
ARTICLE VIII ADI	DITIONAL QUALIFICATIONS OF B.	ENEFIT DIRECTOR, IF ANY:	
this certificate, I am fa	amiliar with and accept the appointmen	process for the above stated corporation at t t as registered agent and agree to act in this	capacity
Required Signature/Registered Agent		nt N	Date
submit this docume. document to the Depa	nt and affirm that the facts stated here ortment of State constitutes a third degre	in are true. I am aware that the false infor e felony as provided for in s.817,155, F.S.	
Kn	Required Signatule/Incorporator		May 31, 2018
<del>-</del>	Required Signatule/Incorporator		Date