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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. PAGE

JUL 06 2018

FLORIDA PROFIT BENEFIT CORPORATION
COVER LETTER

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

ZENVIBA 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
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

Gregory S. Daniel

FROM: _____
Name (Printed or typed)
1101 Brickell Avenue, Suite S800

Address
Miami, FL 33131

City, State & Zip
(561) 324-2500

Daytime Telephone number
greg@zenviba.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

ZENVIBA BENEFIT CORPORATION

The name of the benefit corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

Mailing address, if different is:

1101 Brickell Avenue, Suite S800

Miami, FL 33131

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:

We are pioneers in social transformation with disruptive technologies in disadvantaged

communities left behind by globalization. Our unique Fourth Sector business model is a public-

private-philanthropic partnership acting collectively as a Social Venture Intermediary, operating

for profit and nonprofit affiliated entities to accomplish social missions whose benefits will

inure to public communities for many years to come.

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):

We take a holistic approach to community craft and address the total needs of justice, equity and

opportunity to improve the quality of life for all. We maintain that when thoughtfully executed,

urban renewal can enhance community asset management; create engines for sustainable

economic growth and diversification; foster innovation and environmental stewardship;

job creation and work force development; and eliminate food deserts and structural inequalities.

ARTICLE IV SHARES

10,000,000

The number of shares of stock is: _____

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

Name and Title: Gregory S. Daniel
Chairman, President & Secretary
1101 Brickell Avenue, Suite S800

Address: Miami, FL 33131

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Name and Title: _____ Name and Title: _____

Address _____ Address: _____

If applicable, BENEFIT DIRECTOR:

Gregory S. Daniel

Name :

1101 Brickell Avenue, Suite S800

Address

Miami, FL 33131

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:

Zenviba Ventureprises LLC

Name:

1101 Brickell Avenue, Suite S800

Address:

Miami, FL 33131

ARTICLE VII INCORPORATOR

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

Gregory S. Daniel

Name:

1101 Brickell Avenue, Suite S800

Address:

Miami, FL 33131

ARTICLE VIII ADDITIONAL QUALIFICATIONS OF BENEFIT DIRECTOR, IF ANY:

Gregory S. Daniel is a Wall Street veteran and former NYSE Principal that has served in senior

capacities for leading brokerage houses and money center banks. During his distinguished 33-year

career, he has created several companies, orchestrated IPOs and financed projects on 4 continents.

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

June 25, 2018

Required Signature/Registered Agent

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.

June 25, 2018

Required Signature/Incorporator

Date

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TALLAHASSEE, FLORIDA