

P18000074461

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

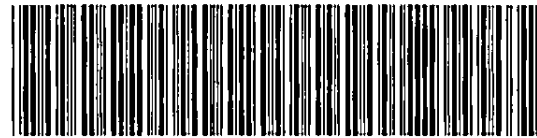
Special Instructions to Filing Officer:

Office Use Only

W1800070679

SEP 04 2018

T. SCOTT



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08/02/18--01018--002 **70.00

FILED
2018 AUG 31 AM 7:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 3, 2018

MARS EGG, LLC
1342 KETZAL DRIVE
TRINITY, FL 34655

SUBJECT: PHYSICAL INC.
Ref. Number: W18000070679

We have received your document for PHYSICAL 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):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of 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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 218A00015988

FLORIDA PROFIT SOCIAL PURPOSE CORPORATION

COVER LETTER

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

Physcal 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

Mars Egg, LLC

FROM: _____
Name (Printed or typed)

1342 Ketzal Drive

Address

Trinity, FL 34655

City, State & Zip

813-586-4275

Daytime Telephone number

jonathan@hatchingthefuture.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 SOCIAL PURPOSE CORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

Physcal Inc.

The name of the social purpose corporation shall be _____

ARTICLE II PRINCIPAL OFFICE

1342 Ketzal Drive Principal street address

Mailing address, if different is: _____

Trinity, FL 34655

ARTICLE III SOCIAL PURPOSE STATEMENT AND BUSINESS PURPOSE

The corporation elects to be a social purpose corporation in accordance with s. 607.503, F.S.

The business purpose and public benefit(s) for which the corporation is organized are:

The business purpose is to conduct any and all lawful business. The public benefit is to promote job

community development and entrepreneurship to underserved communities.

The specific public benefit(s) to be created by the corporation (in addition to its general purpose) is/are as follows (optional):
The specific public benefit of this corporation is to promote community development and

entrepreneurship in areas identified as being eligible for investment by a Qualified Opportunity

Zone fund under IRC 1400Z, or as identified by any other state, local or foreign government.

ARTICLE IV SHARES

100,000

The number of shares of stock is: _____

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

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2018 AUG 24 PM 7:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If applicable, BENEFIT DIRECTOR:

Name : _____

Address _____

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: Registered Agents Inc.

Address: 3030 N. Rocky Point Drive STE 150A
Tampa FL 33607

ARTICLE VII INCORPORATOR

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

Name: Jonathan D Marseglia
1342 Ketzal Drive

Address: Trinity, FL 34655

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

8/10/2018

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

8/10/2018

Date