## 018000079786

(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:			
Special instructions to Filling Officer.			

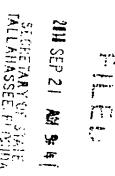
Office Use Only

SEP 2 4 2018 T. SCOTT



200318474012

09/21/18--01019--011 \*\*87.50



## FLORIDA PROFIT BENEFIT CORPORATION COVER LETTER

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

	Buda, Inc.		
SUBJECT:	(PROPOSED CORPORA	TE NAME - <u>MUST INCL</u>	ÜDE SUFFIX)
Enclosed are an orig	inal 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	& Certified Copy	& Certificate o Status
		ADDITIONAL CO	PY REQUIRED
FROM:	pele Salomao Buda Nam S Pine Island Road Suite 305	e (Printed or typed)	
		Address	
Pla	ntation, FL 33325		
	City	. State & Zip	
305	5-407-4363		
	Daytime 7	Telephone number	
cibe	ele@rebelbuda.com		
	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		c.				
The name of the benefit	corporation shall be:		<del>,,</del>	<del></del>		
ARTICLE II PRINC	<u>CIPAL OFFICE</u> Principal <u>street</u> address	1	Mailing address, if different is:			
11201 SW 1st Court		300 S. P	300 S. Pine Island Road Suite 305			
Plantation, FL 33325		Plantatio	on FL 33325			
The corporation elects to The purpose for which to	TSTATEMENT AND BUSINESS F o be a benefit corporation in accordant he corporation is organized is to creat is to make sustainable lifestyle e	nce with s. 607,603, F.S. te a general public benef		on pre-		
	r parents. We focus on producing	<u> </u>				
	ironmentally, be it organic, upcycl					_
for the environment a	and for the people making them. C	Our goal is also to educ	ate and help ou	ır		_
consumers understar	nd the importance of the choices t	hey make when buying	a product.			
	<u>ES</u> 1.000	· · · ·			2018 SEP 21 AM 9 42	
ARTICLE V INITIA	AL OFFICERS, DIRECTORS, BENI	EELT DIRECTOR AND	DENEEIT OFFI	.™ CER (l€ Am		
Name and Title	Cibele S. Buda - CEO	Name and Title	Stephen A. Bi			
Address	11201 SW 1st Court	Address:	11201 SW 1st	Court		_
	Plantation FL 33325		Plantation FL	33325		
						_
Name and Title	Cibele S. Buda - Director	Name and Title	:			
Address	11201 SW 1st Court	Address:				_
	Plantation FL 33325					

Name	and Title:	Name and Title:
Addr	ess	Address:
It`app	licable, BENEFIT DIRECTOR:	If applicable, BENEFIT OFFICER:
Name	·:	Name:
Addr	ress	Address:
The <u>name and</u>	REGISTERED AGENT  1 Florida street address (P.O. Box NOT ac Cibele S. Buda	ceptable) of the registered agent is:
Name:	11201 SW 1st Ct	
Address:	Plantation FL 33325	<del></del>
<u>ARTICLE VI</u>	I INCORPORATOR	
The name and	d address of the Incorporator is:	
Name:	Cibele S. Buda	
Address:	11201 SW 1st Ct	
	Plantation FL 33325	
<u>ARTICLE VI</u>	II_ADDITIONAL QUALIFICATIONS O	F BENEFIT DIRECTOR, IF ANY:
	<del>.</del>	
this certificate	e, I am familiar with and accept the appoint	of process for the above stated corporation at the place designated in ment as registered agent and agree to act in this capacity
(	"Cuplonabled Required Signature/Registered	2 09-18-18 November 19-18
I submit this	document and affirm that the facts stated	herein are true. I am aware that the false information submitted in a
^		legree felony as provided for in s.817.155, F.S.
<u> </u>	Required Signature/Incorpor	rator 09-18-18 Date
	· required ingliators incorpor	17414