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(City/State/Zip/Phone #)

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(Business Entity Name)

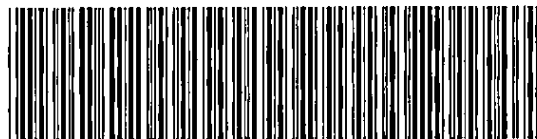
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OCT 19 2018

**FLORIDA PROFIT SOCIAL PURPOSE CORPORATION**

**COVER LETTER**

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

SUBJECT: ZOEYBJ, Inc.  
(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**

FROM: Byron McPhaul  
Name (Printed or typed)

1802 N. Alafaya Trail  
Address

Orlando, FL 32828  
City, State & Zip

407-391-5006  
Daytime Telephone number

Byron.McPhaul@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 SOCIAL PURPOSE CORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the social purpose corporation shall be Zoey B.T. Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1802 W. Alafaya Trail  
Orlando, FL 32826

**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:

A manufacturer and retailer of gifts, jewelry and  
fashion, we use the power of business to solve social  
challenges.

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

Enabling persons with disabilities and homelessness  
to make sustainable positive changes in the world

**ARTICLE IV SHARES**

The number of shares of stock is: 10,000

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

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

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Address: \_\_\_\_\_

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CLERK OF DISTRICT COURT

If applicable, BENEFIT DIRECTOR:

Name: Byron McPhaul  
Address: 1802 N. Alafaya Trail  
Orlando, FL 32826

If applicable, BENEFIT OFFICER:

Name: Malisha McPhaul  
Address: 1802 N. Alafaya Trail  
Orlando, FL 32826

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Byron McPhaul  
Address: 1802 N Alafaya Trail  
Orlando, FL 32826

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Byron McPhaul  
Address: 1802 N. Alafaya Trail  
Orlando, FL 32826

**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

B. McPhaul  
Required Signature/Registered Agent

10/19/18  
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.

B. McPhaul  
Required Signature/Incorporator

10/19/18  
Date

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JANASSET