

P19000003630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

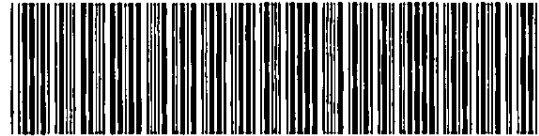
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FLORIDA PROFIT BENEFIT CORPORATION
COVER LETTER

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

SUBJECT: Sup Cloud 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Joseph G. Pacini

Name (Printed or typed)

17940 Golden Leaf Lane

Address

Orlando, Fl. 32820

City, State & Zip

407.913.2441

Daytime Telephone number

Hello@theSupCloud.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

The name of the benefit corporation shall be: Sup Cloud Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

17940 Golden Leaf Lane

Orlando, Fl. 32820

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:

To create top quality innovations designed to propel active aquatic lifestyles and

support conservation efforts of Earth's oceans and waterways.

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):

ARTICLE IV SHARES

The number of shares of stock is: 10,000,000

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

Name and Title: Joseph G. Pacini, President & CEO

Name and Title: _____

Address 17940 Golden Leaf Lane

Address: _____

Orlando, Fl. 32820

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

If applicable, BENEFIT DIRECTOR:

If applicable, BENEFIT OFFICER:

Name : Joseph G. Pacini, President & CEO

Name: _____

Address 17940 Golden Leaf Lane

Address: _____

Orlando, Fl. 32820

ARTICLE VI REGISTERED AGENT

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

Name: Joseph G. Pacini

Address: 17940 Golden Leaf Lane

Orlando, Fl. 32820

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Joseph G. Pacini

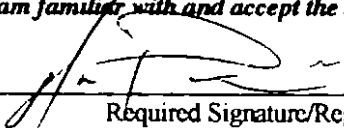
Address: 17940 Golden Leaf Lane

Orlando, Fl. 32820

ARTICLE VIII ADDITIONAL QUALIFICATIONS OF BENEFIT DIRECTOR, IF ANY:

N/A

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

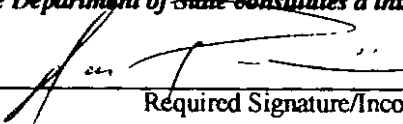


Required Signature/Registered Agent

01.01.2019

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

01.01.2019

Date

ARTICLE VIII EFFECTIVE DATE

The effective date is: January 1, 2019.