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(City/State/Zip/Phone #)

☐ PICK-UP

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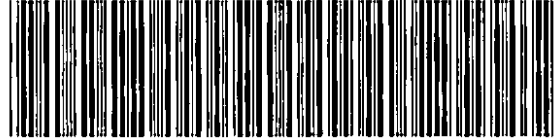
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600322762916

01/17/19-01011-008 **78.75

FILED
2019 JAN 17 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FL

Ben and Jade Balden LLC

40 Red Maple Court, Santa Rosa Beach, FL 32459-8015 | 850-460-1214 | ben.balden@gmail.com

Jan 1st, 2019

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

Dear Department of State:

Please find attached the completed application for a new Benefit Corporation along with a check for \$78.75.

Sincerely,

A handwritten signature in black ink that reads "Ben Balden". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Ben Balden



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

INSTRUCTIONS FOR A FLORIDA PROFIT BENEFIT CORPORATION

The following are instructions, a cover letter and sample articles of incorporation for a benefit corporation pursuant to Part III of Chapter 607 and 621 Florida Statutes (F.S.), if applicable.

NOTE: THIS IS A BASIC FORM MEETING MINIMAL REQUIREMENTS FOR FILING ARTICLES OF INCORPORATION.

The Division of Corporations strongly recommends that corporate documents be reviewed by your legal counsel. The Division is a filing agency and as such does not render any legal, accounting, or tax advice.

This office does not provide you with corporate seals, minute books, or stock certificates. It is the responsibility of the corporation to secure these items once the corporation has been filed with this office.

Questions concerning S Corporations should be directed to the Internal Revenue Service by telephoning 1-800-829-1040. This is an IRS designation, which is not determined by this office.

A preliminary search for name availability can be made on the Internet through the Division's records at www.sunbiz.org. Preliminary name searches and name reservations are no longer available from the Division of Corporations. You are responsible for any name infringement that may result from your corporate name selection.

Pursuant to Chapter 607 or 621 F.S., the articles of incorporation **must** set forth the following:

- Article I: The name of the corporation **must** include a corporate suffix such as Corporation, Corp., Incorporated, Inc., Company, or Co.
- A Professional Association **must** contain the word "chartered" or "professional association" or "P.A.".
- Article II: The principal place of business and mailing address of the corporation. The principal address must be a **street** address. The mailing address, if different, can be a P.O. Box address.
- Article III:
- Include a general business purpose or specific professional service, if a professional benefit corporation.
 - Include general and/or specific public benefit(s) to be created by the corporation.
- Article IV: The number of shares of stock that this corporation is authorized to have **must** be stated.

Article V: The names, address and titles of the Directors/Officers/Benefit Director/Benefit Officer **(optional)**. The names of officers/directors may be required to apply for a license, open a bank account, etc.

Article VI: The name and **Florida Street address** (P.O. Box **NOT** acceptable) of the initial Registered Agent. The Registered Agent **must** sign in the space provided and type or print his/her name accepting the designation as registered agent.

Article VII: The name and address of the Incorporator. The Incorporator **must** sign in the space provided and type or print his/her name below signature.

The "incorporator" is the person who prepares and signs the Articles of Incorporation and then submits them for filing to the Division of Corporations. The function of the incorporator usually ends after the corporation is filed.

Part VIII: Include additional qualifications of Benefit Director, if any.

An Effective Date: Add a **separate** article if applicable or necessary: An effective date **may** be added to the Articles of Incorporation, otherwise the date of receipt will be the file date. (An effective date can not be more than five (5) business days prior to the date of receipt or ninety (90) days after the date of filing). **If a corporation is filed anytime prior to December 31st, an annual report will be due on January 1st.**

Important Information About the Requirement to File an Annual Report

All Florida Profit Corporations must file an Annual Report yearly to maintain "active" status. The first report is due in the year following formation. The report must be filed electronically online between January 1st and May 1st. The fee for the annual report is \$150. After May 1st a \$400 late fee is added to the annual report filing fee. "Annual Report Reminder Notices" are sent to the e-mail address you provide us when you submit this document for filing. To file any time after January 1st, go to our website at www.sunbiz.org. There is no provision to waive the late fee. Be sure to file before May 1st.

The fee for filing a profit corporation is:

Filing Fee	\$35.00
Designation of Registered Agent	\$35.00
Certified Copy (optional)	\$ 8.75 (plus \$1 per page for each page over 8, not to exceed a maximum of \$52.50).
Certificate of Status (optional)	\$ 8.75

Make checks payable to: Florida Department of State

Mailing Address:

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
(850) 245-6052

Street Address:

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301
(850) 245-6052

FLORIDA PROFIT BENEFIT CORPORATION

COVER LETTER

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

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

Ben and Jade Balden LLC
FROM: _____
Name (Printed or typed)

40 Red Maple Court

Address

Santa Rosa Beach

City, State & Zip

850-460-1214

Daytime Telephone number

ben.balden@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 BENEFIT CORPORATION

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

ARTICLE I NAME

Our Wellness Community Inc.

The name of the benefit corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

40 Red Maple Court

Santa Rosa Beach, FL 32459

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:

The purpose of the community is to bring together and create a local community of like-minded people

to promote a natural wellness lifestyle, and provide a space for people to share ideas and promote

natural wellness practices. Our vision is to create an organization where local proponents of a

wellness lifestyle can come together to share, mingle, meet, and promote natural wellness to help

each member make connections and fulfill their life's purpose.

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):

Provide a platform for members and sponsors to promote their wellness lifestyle ideas, products, and

services.

ARTICLE IV SHARES

1000

The number of shares of stock is: _____

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TALLAHASSEE, FL

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

Name and Title: Ben Balden

Name and Title: Jade Balden

Address: 40 Red Maple Court

Address: 40 Red Maple Court

Santa Rosa Beach FL 32459

Santa Rosa Beach FL 32459

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: _____ Name: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Ben Balden
Address: 40 Red Maple Court
Santa Rosa Beach FL 32459

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TALLAHASSEE, FL


ARTICLE VII INCORPORATOR

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

Name: Ben Balden
Address: 40 Red Maple Court
Santa Rosa Beach FL 32459

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

Jan 1st, 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

Jan 1st, 2019
Date