

P1900010149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

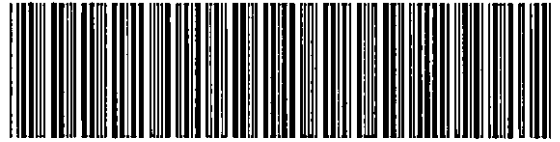
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

W18000109384

FEB 06 2019



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12/17/18--01030--019 *\$87.50

2019 FEB -5 AM 11:05



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 27, 2018

DELIICIOUS SPOONFULS, INC.
186 DORSET E
BOCA RATON, FL 33434

SUBJECT: DELICIOUS SPOONFULS, INC.
Ref. Number: W18000109384

We have received your document for DELICIOUS SPOONFULS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

The name release letter must be sign dated and notarized.,

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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: 518A00026192

December 11, 2018

On 2/1/18, I filed Delicious Spoonfuls, Inc. as a non-profit corporation with Sunbiz. We were given advice that proved wrong for us and never filed as a non-profit with the I.R.S. (Document # N:18000001365).

We thought we could make an amendment to change this to a corporation and amend board positions, this was rejected in November (W1800109384)

We have not started our business, we are trying to do a new filing (attached) and use the same name.

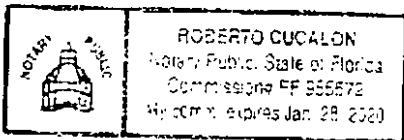
Please advise if there are any questions

Helen Gottesman
Delicious Spoonfuls, Inc.

561.676.2078

Helen Gottesman

2019 JAN 31 PM 11:00



State of Florida
County of ~~Broward~~ **PALM BEACH**
This instrument was acknowledged
before me this 29 day of JANUARY
year 2019, by HELEN ANNE GOTTESMAN
Personally known OR
Produced ID 6352456 ID Type FLD/
5870

FLORIDA PROFIT BENEFIT CORPORATION
COVER LETTER

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

SUBJECT: Delicious Spoonfuls
(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: Helen Gottesman
Name (Printed or typed)

186 Dorset E
Address

Boca Raton, Fl. 33434
City, State & Zip

561-676-2078
Daytime Telephone number

helen.gottesman2001@yahoo.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 Delicious Spoonfuls, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is

186 Dorset E
Boca Raton, FL 33434

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:

Delicious Spoonfuls will train and employ adults
with special needs (including Down Syndrome,
Autism, Physical Disabilities and more) in an
ice cream and dessert bar in Boca Raton.
Possible increase to sandwiches, soups and salads

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):

Decreased unemployment by marginalized
group. Training to work and support
themselves and be a part of community

ARTICLE IV SHARES

The number of shares of stock is 100

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

Name and Title Lorne Alter Name and Title: Executive Director

Address 10469 Whitewind Cir. Address _____
Boca Raton, FL _____
33473-7879 _____

Name and Title: Robert Gottesman Name and Title: Manager

Address 186 Dorset E. Address: _____
Boca Raton, FL 33434-3014 _____

2011 FEB -5 AM 11:05

Name and Title: Helen Gottesman Name and Title: Manager
Address: 186 Neraset E Address: _____
Boca Raton, Fl. 33434-3014

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: David J. Berkowitz, Esq.
Address: 1500 Gateway Blvd #220
Boviton Beach, Fl. ~~33420~~ 33426
33474

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lorne Alter
Address: 10419 Whitewind Circle
Boviton Beach, Fl. 33473-7879

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

[Signature]
Required Signature/Registered Agent

12/11/18
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.

[Signature]
Required Signature/Incorporator

12/11/18
Date