## P19000051641

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	<del>:</del> #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

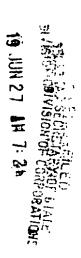
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## FLORIDA PROFIT SOCIAL PURPOSE CORPORATION COVER LETTER

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

Ma SUBJECT:	edame Curiosity, Inc.			
Sobject	(PROPOSED CORPOR	RATE NAME – <u>MUST INCLI</u>	JDE <u>SUFFIX</u> )	
Enclosed are an	original and one (1) copy of the a	rticles of incorporation and	l a check for:	•
□ \$70.6 Filing Fe		□ \$78.75 Filing Fee & Certified Copy	& Certificate of Status	> already paid
		ADDITIONAL CO	PY REQUIRED	
FROM:	Melissa J Kievit	ne (Printed or typed)		
	5435 Drinkard Drive	ne (Printed or typed)		<u>.</u> '#
	New Port Richey, FL 34653	Address		्रिक्टिल्डिल्डिल्डिल्डिल्डिल्डिल्डिल्डिल्डिल्ड
	City	y. State & Zip		
	727-359-6179			PH 2:
	Daytime	Telephone number		<b>3</b>
	MJLove@madamecuriosity.com			·— •;
E-ma	il address: (to be used for future and	ual 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)

The name of the social p	urpose corporation shall be Mada	me Curiosity,	<u>Inc</u>
4RTICLE II PRINC 5435 Drinkard Drive	Principal <u>street</u> address	(same)	Mailing address, if different is:
New Port Richey, FL	34653		<b>3</b> (1) (2)
The corporation elects to The business purpose ar	PURPOSE STATEMENT AND BUS, to be a social purpose corporation in act public benefit(s) for which the corporations research and support to nor	cordance with s. 607.5 oration is organized are	03, F.S.
and others doing thei	r best to help improve the world for	all of us.	
ARTICLE IV SHARI The number of shares of	£S 100		RENEIT OFFICER (if Applicable)
Name and Title	Melissa J Kievit, Chief Executive	<u> </u>	Sage Keene, Chief Operating Ofc
Address	& Chief Innovation Officer	Address:	& Chief Diversity Officer
	5435 Drinkard Drive	7100.000	502 Wagner Creek Road
	New Port Richey, FL 34653		Talent, OR 97540
Name and Title:		Name and Title	: <u></u>
Address		Address:	
		-	
Name and Title:		Name and Title	: <u></u>
Address		Address:	
			<del> </del>

lf appl	icable, BENEFIT DIRECTOR:	If applicable,	BENEFIT OFFICER:
Name :	Melissa Kievit	Name:	Sage Keene
Addre	5435 Drinkard Drive	Address:	502 Wagner Creek Road
710070	New Port Richey, FL 34653		Talent, OR 97540
	REGISTERED AGENT		
The name and	Florida street address (P.O. Box NOT acce	ptable) of the registered	agent is:
Name:	Melissa Kievit		
Address:	5435 Drinkard Drive		<b>9</b> ق
	New Port Richey, FL 34653	···	¥ 2.
ARTICLE VII	INCORPORATOR		19 JH 27 PH 2: 69
The <u>name and</u>	address of the Incorporator is:		ŕ
	Melissa Kievit		<b>9</b>
Name:	5435 Drinkard Drive		
Address:	New Port Richey, FL 34653		
<u>ARTICLE VIII</u>	I ADDITIONAL QUALIFICATIONS OF	BENEFIT DIRECTO	R, IF ANY:
N/A			
		· · · <del>-</del>	
		<u> </u>	
Having been ne this certificate,	amed as registered agent to accept service of I am familiar with and accept the appointme	f process for the above int as registered agent o	stated corporation at the place designated in and agree to act in this capacity
	Melisso Lind		6/19/2019
(	Required Signature/Registered Ag	gent	Date
l submit this de document to the	ocument and affirm that the facts stated he e Department of State constitutes a third deg	rein are true. I am aw ree felony as provided j	are that the false information submitted in a for in s.817,155, F.S.
,	Melissa Lient		6/19/2019
	Required Signature/Incorporate	or	Date