

P19 000 056 949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

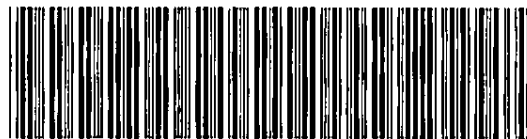
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000330905310

07/01/19--01007--006 **87.50

MASSACHUSETTS

19 JUL -1 AM 8:17

D. O'KEEFE

JUL 23 2019

FLORIDA PROFIT BENEFIT CORPORATION

COVER LETTER

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

HELP FOR THE PEOPLE FOUNDATION, 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 type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

WY O HEALTH HOME & BUSINESS SOLUTIONS, INC

FROM: _____
Name (Printed or typed)
7901 4TH ST N. STE 300

Address
ST. PETERSBURG, FL 33702

City, State & Zip
7864962998

Daytime Telephone number
wyohnbiz@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

HELP FOR THE PEOPLE FOUNDATION, INC

The name of the benefit corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

1615 EUCLID AVE
STE 9

MIAMI BEACH, FL 33139

Mailing address, if different is:

7901 4TH ST N.
STE 300

ST. PETERSBURG, FL 33702

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 corporation elects to be a benefit corporation in accordance with s. 607.603, F.S., for

private specialized catering, water distribution and all lawful business purposes.

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):

The general and / or specific public benefit to be created by the corporation (in addition to its

general purpose) is/are to provide 1-4 monthly healthy food, water, clothing drives for the

underserved communities of Miami-Dade County, and to pursue economic security that

may socially benefit the same communities, and its residents.

ARTICLE IV SHARES 100

The number of shares of stock is: _____

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

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

19 JUL - 11 AM 8:17

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

If applicable, BENEFIT DIRECTOR:
El, Prince J E O M

Name: _____

Address: _____

1615 Euclid Ave

Ste 9

Miami Beach, FL 33139

If applicable, BENEFIT OFFICER:
Robert, Helen K

Name: _____

Address: _____

1615 Euclid Ave

Ste 9

Miami Beach, FL 33139

ARTICLE VI REGISTERED AGENT

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

Name: _____
7901 4TH ST N STE 300

Address: _____
ST. PETERSBURG, FL 33702

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:
El, Prince J E O M

Name: _____
1615 EUCLID AVE STE 9

Address: _____
MIAMI BEACH, FL 33139

ARTICLE VIII ADDITIONAL QUALIFICATIONS OF BENEFIT DIRECTOR, IF ANY:
TAX PLANNING, PREPARATION, HOLISTIC MEDICINE, AND FOOD PREPARATION

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

Bill Prince

Required Signature/Registered Agent

21 JUNE 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.

/s/ ARR UCC1-308 PRINCE EL

Print Name: El, Prince

Required Signature/Incorporator

21 JUNE 2019

Date