

P19000057690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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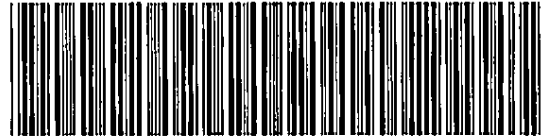
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: ZDK IMPACT STRATEGIES CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5709 16TH ST SOUTH

GULFPORT FL 33707

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:

WE STRIVE TO PRODUCE TRANSFORMATIONAL IMPACTS ON INDIVIDUALS AND COMMUNITIES

THROUGH PROMOTING INDIVIDUALIZED WELLNESS AND DEVELOPMENT PRACTICES. SOCIAL IMPACT

STRATEGIES. AND COMMUNITY COHESION EFFORTS. THESE ARE THE ESSENTIAL ELEMENTS OF

OUR CORE BUSINESS AND PUBLIC BENEFIT OPERATING MODELS.

SEE ATTACHED STATEMENT OF 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):

WE AIM TO UTILIZE NO LESS THAT 5% OF OUR PROFITS TO PROVIDE PRO-BONO AND NON-REVENUE

FOCUSED SERVICES THAT ALLOW FOR GREATER SOCIAL IMPACT AND THE PROMOTION OF

GREATER SOCIAL COHESION, BOTH LOCALLY AND GLOBALLY.

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: DAVID WAYNE KANTER

Name and Title: _____

Address CHIEF EXECUTIVE OFFICER

Address: _____

5709 16TH AVENUE SOUTH

GULFPORT FL 33707

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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SECRETARY OF STATE
TREASURY FLORIDA

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: IN BALANCE ACCOUNTING LLC

Address: 1211 1ST AVENUE NORTH SUITE 202A

ST PETERSBURG FL 33705

ARTICLE VII INCORPORATOR

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

Name: DAVID WAYNE KANTER

Address: 5709 16TH AVE SOUTH

GULFPORT FL 33707

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

06/25/2019

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

06/25/2019

Date

ARTICLES OF INCORPORATION FOR FLORIDA PROFIT BENEFIT CORPORATION

ZDK IMPACT STRATEGIES CORP

STATEMENT OF BUSINESS PURPOSE-CONTINUED FROM PAGE 1 OF ARTICLES

AS A SOCIAL IMPACT ORGANIZATION, WE SEE OUR PURPOSE AS BEING AN ENTITY THAT BRINGS OUR MYRIAD TALENT, SKILLS, AND EXPERTISE TO BEAR TO CREATE TRANSFORMATIONAL STRATEGIES FOR ORGANIZATIONS ACROSS MANY SECTORS THAT ARE SEEKING CHANGE.

ARTICLES OF INCORPORATION FOR FLORIDA PROFIT BENEFIT CORPORATION

ZDK IMPACT STRATEGIES CORP

STATEMENT OF BUSINESS PURPOSE-CONTINUED FROM PAGE 1 OF ARTICLES

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