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(Requestor's Name)

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(City/State/Zip/Phone #)

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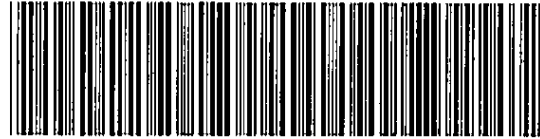
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

D O'KEEFE

OCT 08 2019

**FLORIDA PROFIT SOCIAL PURPOSE CORPORATION**  
**COVER LETTER**

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

JusticeXpress Management Services, 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
<b>ADDITIONAL COPY REQUIRED</b>	

Richard S. Granat  
**FROM:** \_\_\_\_\_  
Name (Printed or typed)

10864 Sw Sunray St  
\_\_\_\_\_  
Address

Port St. Lucie, FL 34987  
\_\_\_\_\_  
City, State & Zip

561-214-1306  
\_\_\_\_\_  
Daytime Telephone number

rich@granat.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

**ARTICLES OF INCORPORATION FOR FLORIDA PROFIT SOCIAL PURPOSE CORPORATION**

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

**ARTICLE I NAME**

The name of the social purpose corporation shall be JusticeXpress Management Services, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

10864 Sw Sunray St., Port St Lucie, Fl; 34987

10380 SW Village Center Dr #407

Port St Lucie, Fl 34987

**ARTICLE III SOCIAL PURPOSE STATEMENT AND BUSINESS PURPOSE**

The corporation elects to be a social purpose corporation in accordance with s. 607.503, F.S.

The business purpose and public benefit(s) for which the corporation is organized are:

The purpose of this social purpose corporation is to engage in any lawful act or activity for which

for which a corporation may be organized under Florida General Corporation Law which shall include

producing a public benefit and operating in a responsible and sustainable manner.

The specific public benefit(s) to be created by the corporation (in addition to its general purpose) is/are as follows (optional):

The specific public benefit to be promoted by this corporation shall include to expand access to

the legal system and promote a more just society.

**ARTICLE IV SHARES**

2,000 shares of common stock.

The number of shares of stock is: each having a par value of \$0.01

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

Name and Title: Richard S. Granat, President

Name and Title: Nancy R. Granat, Secretary

Address 10864 SW Sunray St

Address: 10864 Sw Sunray St

Port St. Lucie, Fl 34987

Port St. Lucie, Fl 34987

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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CLERK OF DISTRICT COURT  
PORT ST LUCIE, FL 34987

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: Richard S. Granat  
\_\_\_\_\_

Address: 10864 Sw Sunray St.  
\_\_\_\_\_  
Port St. Lucie, Fl 34987  
\_\_\_\_\_

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

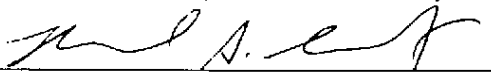
Name: Richard S. Granat  
\_\_\_\_\_

Address: 10864 Sw Sunray St  
\_\_\_\_\_  
POrt St Lucie, Fl 34987  
\_\_\_\_\_

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CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF ST. LUCIE  
FLORIDA


**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

09/18/2019  
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

09/18/2019  
Date