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(Requestor's Name)

(Address)

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☐ PICK-UP

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(Business Entity Name)

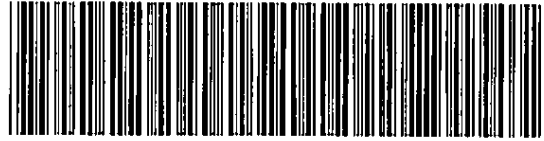
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FLORIDA PROFIT BENEFIT CORPORATION

COVER LETTER

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

Rethinking Homelessness, 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

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

Andrae J. Bailey

FROM: _____
Name (Printed or typed)

255 S. Orange Avenue, Suite 104

Address

Orlando, FL 32801

City, State & Zip

407-456-0605

Daytime Telephone number

andraejbailey@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

Rethinking Homelessness, Inc.

The name of the benefit corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

255 S. Orange Avenue, Suite 104
Orlando, FL. 32801

Mailing address, if different is: _____

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:

to conduct any and all lawful business that is designed to help solve the problem of homelessness.

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TALLAHASSEE, FL

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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):

To create resources that can help communities and organizations effectively engage homelessness and the

many problem related to homelessness; to provide guidance and recommendations for communities and

organizations that are seeking to solve homelessness-related problems; and to produce educational and

informational content that can help local, state, and federal leaders, as well as the general public, more fully

understand the dynamics of homelessness and the contributing factors to homelessness.

ARTICLE IV SHARES

1000

The number of shares of stock is: _____

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

Andrae J. Bailey, Chairman

Andrae J. Bailey, Director

Name and Title:

Name and Title:

55 W. Church Street, #2801

55 W. Church Street, #2801

Address

Address:

Orlando, FL. 32801

Orlando, FL. 32801

Andrae J. Bailey, President

Andrae J. Bailey, Vice-President

Name and Title:

Name and Title:

55 W. Church Street, #2801

55 W. Church Street, #2801

Address

Address:

Orlando, FL. 32801

Orlando, FL. 32801

Andrae J. Bailey, Secretary
Name and Title: _____
55 W. Church Street, #2801
Address: _____
Orlando, FL. 32801

Andrae J. Bailey, Treasurer
Name and Title: _____
55 W. Church Street, #2801
Address: _____
Orlando, FL. 32801

If applicable, BENEFIT DIRECTOR:
Andrae J. Bailey
Name: _____
55 W. Church Street, #2801
Address: _____
Orlando, FL. 32801

If applicable, BENEFIT OFFICER:
Andrae J. Bailey
Name: _____
55 W. Church Street, #2801
Address: _____
Orlando, FL. 32801

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box **NOT** acceptable) of the registered agent is:
Andrae J. Bailey

Name: _____
55 W. Church Street, #2801
Address: _____
Orlando, FL 32801

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
Andrae J. Bailey

Name: _____
55 W. Church Street, #2801
Address: _____
Orlando, FL 32801

ARTICLE VIII ADDITIONAL QUALIFICATIONS OF BENEFIT DIRECTOR, IF ANY:

Former CEO of the Central Florida Commission on Homelessness, appointed by Gov. Rick Scott to the Florida
Council on Homelessness

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

10/15/2019
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

10/15/2019
Date

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