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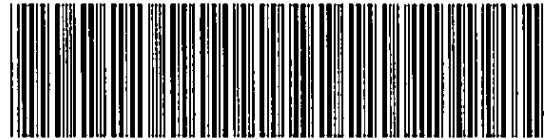
(Business Entity Name)

(Document Number)

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J DENNIS

MAY 18 2020

**FLORIDA PROFIT BENEFIT CORPORATION**  
**COVER LETTER**

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

**SUBJECT:** #C.E.W.I.G., Corp.

(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  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

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

**ADDITIONAL COPY REQUIRED**

**FROM:** Carola Camille Edwards

Name (Printed or typed)

444 Enright Ct.

Address

Pittsburgh, PA 15206

City, State & Zip

412-812-3988

Daytime Telephone number

carolcedw@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**

The name of the benefit corporation shall be: #C.E.W.I.G., Corp.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

401 N. Rosemary Ave., #6

W. Palm Beach, FL 33401

Mailing address, if different is:

4769 Australian Ave., Ste., #208

Mangonia Park, FL 33407

**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:

advocate for the victims of the American urban drug epidemic. This organization will provide information,  
support, and fund raising to further this cause.

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):

Our missions seeks to further stabilize individuals and families that were victimized by the drug epidemic.

**ARTICLE IV SHARES**

The number of shares of stock is: 99

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

Name and Title: Riki Smith, President, CEO

Name and Title: Odell Body, Treasurer

Address 4769 Australian Ave.

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

#208

Mangonia Park, FL 33407

Name and Title: Carola Camille Edwards, Secretary

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

Address 444 Enright Ct.

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

Pittsburgh, PA 15206

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

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

If applicable, BENEFIT DIRECTOR:

Name : \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ 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: Riki Smith

Address: 4769 Australian Ave, #208

Mangonia Park, FL 33407

**ARTICLE VII INCORPORATOR**

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

Name: Carola Camille Edwards

Address: 444 Enright Ct.

Pittsburgh, PA 15206

**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*

Riki Smith Riki Smith  
Required Signature/Registered Agent

05/05/2020  
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.*

Carola C. Edwards Carola Edwards  
Required Signature/Incorporator Date

05/05/2020