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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

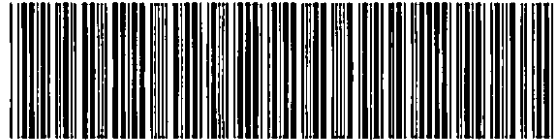
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Derrick Thompson

FLORIDA PROFIT BENEFIT CORPORATION

COVER LETTER

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

SUBJECT: Juicetician Co.

(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: Ricardo DaCosta

Name (Printed or typed)

6831 SW 16th St.

Address

Pembroke Pines FL 33023

City, State & Zip

954.549.0189

Daytime Telephone number

dacostarik@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: Juicetician Co

ARTICLE II PRINCIPAL OFFICE

Principal street address

6831 SW 16th St.

pembroke pines fl 33023

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 provide natural, healthy and organic juices while providing social transparency to our customers.

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):

Providing healthy and nutritious juices.

ARTICLE IV SHARES

The number of shares of stock is: 10,000

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

Name and Title: Ricardo DaCosta, P

Address: 6831 SW 16th St.
pembroke pines fl 33023

Name and Title: Latashia Blake, S

Address: 6831 SW 16th St.
pembroke pines fl 33023

Name and Title: Tanielle DaCosta, V

Address: 11721 NW 12th st.
Pembroke pines fl 33026

Name and Title: Michael Sewell, T

Address: 7221 tropicana st
miramar fl 33023

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: Ricardo DaCosta
 Address: 6831 SW 16th St.
Pembroke pines fl 33023

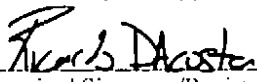
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


Name: Ricardo DaCosta
 Address: 6831 SW 16th St.
Pembroke Pines, FL 33023

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	<u>07/02/2020</u> _____ Date
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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	<u>07/02/2020</u> _____ Date
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