

P20000073896

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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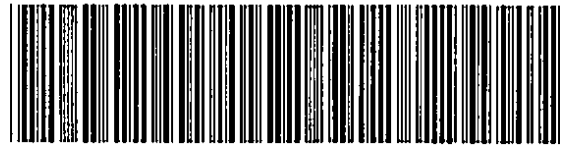
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 AUG 31 PM 4:07
STATE
TALLAHASSEE, FL

FLORIDA PROFIT BENEFIT CORPORATION

COVER LETTER

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

SUBJECT: Change Everything US, Inc.

(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: Change Everything US, Inc.

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.

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STATE
SECRET

ARTICLES OF INCORPORATION FOR FLORIDA PROFIT BENEFIT CORPORATION

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

ARTICLE I NAME

Change Everything US, 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 socioeconomic problems.

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):

(1) To create resources that can help communities and organizations effectively confront socioeconomic problems; (2) To provide guidance and recommendations for communities and organizations that are working to solve socioeconomic problem and (3) To produce educational and information content that can help local, state, and federal leaders, as well as the general public, more fully understand the dynamics of socioeconomic problems and the factors that compound them.

ARTICLE IV SHARES

1000

The number of shares of stock is: _____

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

Name and Title: Andrae J. Bailey (C-D-P-S-T)

Address: 55 W. Church Street, #3105
Orlando, FL 32801

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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STATE OF FLORIDA

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

If applicable, BENEFIT DIRECTOR:

Name: Andrae J. Bailey

Address: 55 W. Church Street, #3105

Orlando, FL. 32801

If applicable, BENEFIT OFFICER:

Name: Andrae J. Bailey

Address: 55 W. Church Street, #3105

Orlando, FL. 32801

ARTICLE VI REGISTERED AGENT

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

Name: Andrae J. Bailey

Address: 55 W. Church Street, #3105

Orlando, FL. 32801

ARTICLE VII INCORPORATOR

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

Name: Andrae J. Bailey

Address: 55 W. Church Street, #3105

Orlando, FL. 32801

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STATE
CLERK

ARTICLE VIII ADDITIONAL QUALIFICATIONS OF BENEFIT DIRECTOR, IF ANY:

20+ years of experience in nonprofit leadership, former CEO of Central Florida Commission on Homelessness, current member of Florida Council on Homelessness, Orlando Sentinel's Central Floridian of the Year (2016)

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

08/27/2020
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.

Required Signature/Incorporator

Date

08/27/2020