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(Requestor's Name)

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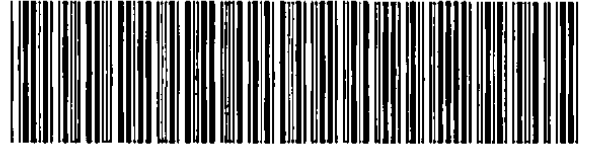
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FLORIDA PROFIT BENEFIT CORPORATION

COVER LETTER

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

Imaginal Transformation, 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

Andres Rudmik

FROM: _____
Name (Printed or typed)

4464 Long Lake Rd

Address

Melbourne, Florida 32934

City, State & Zip

321-308-5330

Daytime Telephone number

arudmik@geenius.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

Imaginal Transformation, Inc
The name of the benefit corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1900 South Harbor City Blvd Suite 328
Melbourne FL 32901

4464 Long Lake Rd, Melbourne FL 32934

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:

Imaginal Transformation Inc (ITI) is organized and shall be operated for the purpose of transforming education as well as other sectors of the economy. Our vision is to establish National Transformation Centers and prototype "Imaginal" schools in countries around the world with a focus on second and third world countries.

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):

ITI will focus on local and global projects to raise operational, research, and development funding for 501c3 and non-profit educational companies. To date, IT has projects identified in South Africa, Uganda, Nigeria, Brazil, Hungary, Canada, United States.

To date, ITI has identified certain non-profits for funding, specifically: Imaginal Education Company (501c3) located in Florida, Imaginal Education non-profit Company Canada, and Master's Academy and College Alberta, Canada.

ARTICLE IV SHARES

1,000,000

The number of shares of stock is: _____

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

Name and Title: Tom Rudmik, Chairman

Name and Title: Andres Rudmik, Secretary/Treasurer

Address: 104 Shawnee Gdns S.W

Address: 4464 Long Lake Rd

Calgary Alberta T2Y 2T9, Canada

Melbourne Florida 32934

Name and Title: Tom Rudmik, CEO

Name and Title: Andres Rudmik, President

Address: 104 Shawnee Gdns S.W

Address: 4464 Long Lake Rd

Calgary Alberta T2Y 2T9, Canada

Melbourne, Florida 32934

Name and Title: _____ Address: _____ _____ _____ If applicable, BENEFIT DIRECTOR: Name : Philip Streit Address 10331 Sweetwood Drive Huston, Texas 77070 _____ _____	Name and Title: _____ Address: _____ _____ _____ If applicable, BENEFIT OFFICER: Name: Philip Streit Address: 10331 Sweetwood Drive _____ _____ _____
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ARTICLE VI REGISTERED AGENT

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

Name: Andres Rudmik
 Address: 4464 Long Lake Rd
 Melbourne Florida 32934

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Andres Rudmik
 Address: 4464 Long Lake Rd
 Melbourne Florida, 32934

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ARTICLE VIII ADDITIONAL QUALIFICATIONS OF BENEFIT DIRECTOR, IF ANY:

Must have working knowledge of all aspects of Florida Statute Chapter 607. Have background in preparing Federal and State reporting documents, including SEC documents. Have experience as Director/Senior Manager or Partner level in Certified Public Accounting firms understanding the nuances of ethics and precise governmental reporting.

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

_____ Andres Rudmik Required Signature/Registered Agent	10/16/2020 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 this document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

_____ Andres Rudmik Required Signature/Incorporator	10/16/2020 Date
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