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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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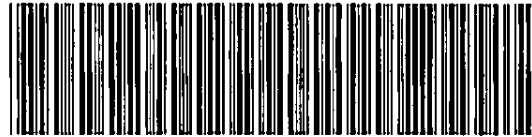
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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NOV 13 2020

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

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

*ORIGINAL*

THE WHOLE EARTH COLLABORATIVE CORPORATION

**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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** Michael Browarnik  
\_\_\_\_\_  
Name (Printed or typed)

1137 S. Southlake Drive  
\_\_\_\_\_  
Address

Hollywood, FL 33019  
\_\_\_\_\_  
City, State & Zip

(877) 338-8700  
\_\_\_\_\_  
Daytime Telephone number

michael@na-ca.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: THE WHOLE EARTH COLLABORATIVE CORPORATION

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1137 S. Southlake Drive  
Hollywood, FL 33019

**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:

Install our proprietary net-zero energy greenhouses in elementary schools, hospitals and Senior  
facilities in order to educate our children and the general Public about nutrition and enhance  
wellness and health. To provide ready-access to the produce we grow in our greenhouses to at-risk  
communities throughout the U.S. To introduce and develop "agrihoods" so that entire communities  
will have affordable or free access to these organic nurturing foods as we build for the future.

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):

Eradicate our hunger epidemic in the U.S., reduce childhood obesity and diabetes

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Michael Browarnik President / Secretary / Director Name and Title: \_\_\_\_\_

Address: 1137 S. Southlake Drive Address: \_\_\_\_\_  
Hollywood, FL 33019

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

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

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TALLAHASSEE, FLORIDA

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: Michael Browarnik

Address: 1137 S. Southlake Drive

Hollywood, FL 33019

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

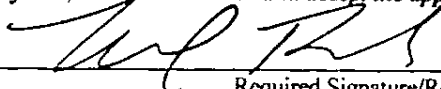
Name: Michael Browarnik

Address: 1137 S. Southlake Drive

Hollywood, FL 33019

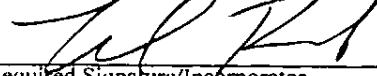
**ARTICLE VIII ADDITIONAL QUALIFICATIONS OF BENEFIT DIRECTOR, IF ANY:**

*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

10/21/20  
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

10/21/20  
Date

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TALLAHASSEE, FLORIDA