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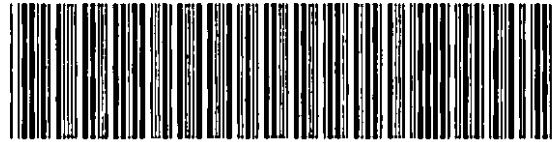
(Business Entity Name)

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2020 DEC 28 PM 5:03

F11

FLORIDA PROFIT BENEFIT CORPORATION

COVER LETTER

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

REC'D
FEB 26 PM 5:03

PEOPLE'S BENEFIT 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
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: _____
ANN V LOCKHART
Name (Printed or typed)

_____ 579 FINCH CT
Address

_____ KISSIMMEE, FL. 34759
City, State & Zip

_____ (407)535-3857
Daytime Telephone number

_____ consultant@peoplesbenefitcorp.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

PEOPLE'S BENEFIT CORPORATION

The name of the benefit corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

390 North Orange Ave, Suite 2300

579 Finch CT.

Orlando FL., 32801

Kissimmee FL., 34759

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 Non-banking financial services;

Helping low income and underserve individual and communities in the United States and

and in certain developing countries.

To promote economic opportunities for individuals and communities, other than jobs .

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):

In addition to the general public benefit , the corporation provides ; Non banking financial services

offering social lending and social investment, to women owned business, minority -owned micro business

To provide/support health care , literacy, vocational programs and other basic services to low income

communities in the Unites State of America and in certain developing countries

for our global members and partners .

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: ANN V LOCKHART, PRESIDENT

Name and Title: LAURA LAWRENCE-DURAND, V P

Address: 579 FINCH CT

Address: 2051 ALPINE RD

Address: KISSIMME FL., 34759

Address: APT 2

CLEARWATER, 33755

Name and Title: RAE-ANN ROBERTS ,TRE

Name and Title: KATRINA HOLSTON, SEC

Address: 79LUMSDEN ST, GASPARILLO

Address: 1825 PROVIDENCE RD.

Address: TRINIDAD

Address: LAKELAND, FL, 33805

ELYSEE EDMOND, DIRECTOR
Name and Title: _____ Name and Title: _____
6836 MOORHEN CR
Address: _____
ORLANDO FL., 32810

If applicable, BENEFIT DIRECTOR: TAREKA CLARK
Name: _____ If applicable, BENEFIT OFFICER:
3011 YARROW LANE
Address: _____
MULBERRY FL., 33806

ARTICLE VI REGISTERED AGENT

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

ANN V LOCKHART
Name: _____
579 FINCH CT
Address: _____
KISSIMMEE FL., 34759


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

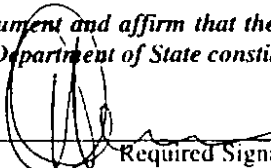
ANN V LOCKHART
Name: _____
579 FINCH CT
Address: _____
KISSIMMEE FL, 35759

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

 _____ 12/04/2020
Required Signature/Registered Agent 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.

 _____ 12/04/2020
Required Signature/Incorporator Date