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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

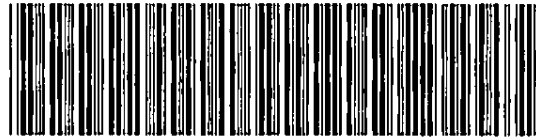
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21 JAN -5 PM 12:15

J DENNIS

JAN 20 2021

FLORIDA PROFIT BENEFIT CORPORATION

COVER LETTER

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

SUBJECT: RAE & REESE 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 ☐ \$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

FROM: RANGE LAW FIRM
Name (Printed or typed)
7501 CITRUS AVE. 1191
Address
GOLDENROD, FL 32733
City, State & Zip
407-502-7626
Daytime Telephone number
T.RANGE@RANGELAWFIRM.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: RAE & REESE INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1980 ARVIS CIRCLE EAST

CLEARWATER, FL 33764

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 ENGAGE IN ANY LAWFUL BUSINESS.

21 JAN -5
PM 12:15

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):

HELPING LOW INCOME AND UNDERSERVED INDIVIDUALS AND COMMUNITIES OBTAIN AFFORDABLE
HOUSING AND WRAP AROUND SERVICES AND ALSO TO PROMOTE ECONOMIC OPPORTUNITIES FOR
INDIVIDUALS AND COMMUNITIES THROUGH JOBS AND COMMUNITY PROGRAMS

ARTICLE IV SHARES

The number of shares of stock is: 1000

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

Name and Title: RODNEY WILSON - DIRECTOR

Name and Title: _____

Address 1980 ARVIS CIRCLE EAST

Address: _____

CLEARWATER, FL 33764

Text _____

Text _____

Name and Title: DOWONI WATSON - DIRECTOR

Name and Title: _____

Address 1980 ARVIS CIRCLE EAST

Address: _____

CLEARWATER, FL 33764

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: RANGE LAW FIRM, LLC

Address: 7501 CITRUS AVE. 1191

GOLDENROD, FL 32733

ARTICLE VII INCORPORATOR

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

Name: RODNEY WILSON

Address: 1980 ARVIS CIRCLE EAST

CLEARWATER, FL 33764

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

Tamieka Range

Required Signature/Registered Agent

12 / 28 / 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.

Rodney Wilson

Required Signature/Incorporator

12 / 28 / 2020

Date

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E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

If applicable, BENEFIT DIRECTOR:

If applicable, BENEFIT OFFICER:

Name : _____ Name: _____

Address _____ Address: _____

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