

P21000003406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

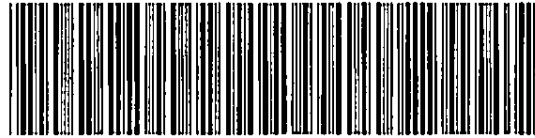
(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 JAN -6 PM 12:00
ALL INFORMATION

2021 JAN -6 PM 12:00

P.L.L.

**FLORIDA PROFIT BENEFIT CORPORATION
COVER LETTER**

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

SUBJECT: ASE Enterprises, 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: Sequoyah Lindsey-Taylor

Name (Printed or typed)

6859 Lenox Avenue #29

Address

Jacksonville, FL 32205

City, State & Zip

904-624-2044

Daytime Telephone number

aseenterprisesinc@gmail.com

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

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

2021 JAN -6 PM 12:06

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: ASE Enterprises, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6859 Lenox Avenue #29

Jacksonville, FL 32205

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:

provide services and products which educate and equip women in all areas of health & wellness through trainings,

technology, consulting, coaching and any other activities as permitted by law.

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):

The educate women via coaching and consulting in all areas of health & wellness.

ARTICLE IV SHARES

The number of shares of stock is: 100,000

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

Name and Title: Sequoyah Lindsey-Taylor, CEO

Name and Title: _____

Address 6859 Lenox Avenue #29

Address: _____

Jacksonville, FL 32205

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: Sequoyah Lindsey-Taylor, CEO
Address: 6859 Lenox Avenue #29
Jacksonville, FL 32205

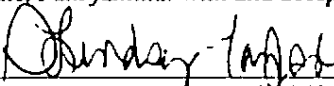
ARTICLE VII INCORPORATOR

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

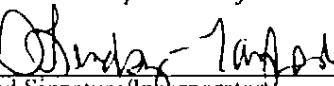
Name: Sequoyah Lindsey-Taylor, CEO
Address: 6859 Lenox Avenue #29
Jacksonville, FL 32205

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

 _____ 01/01/2021
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.

 _____ 01/01/2021
Required Signature/Incorporator Date

2021 JAN -6 PM 12:06
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 01-06-21 BY 60322 UCBAW