

P21000014273

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

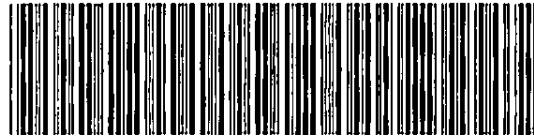
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Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
OFFICE OF THE  
CLERK OF THE  
SUPERIOR COURT

W2 0000145092



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 21, 2020

RAFAEL A. MARTINEZ  
492 SW FIFER AVE  
PORT ST. LUCIE, FL 34953

SUBJECT: EDUBONLINE CORP  
Ref Number: W20000145092

We have received your document for EDUBONLINE CORP and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.  
<http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Derrick Thompson  
Regulatory Specialist II

Letter Number: 320A00025859

2021 JAN 1 - 8 PM 3:48

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

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

EDUBONLINE CORP

**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**

FROM: RAFAEL A. MARTINEZ  
\_\_\_\_\_  
Name (Printed or typed)

492 SW FIFER AVE  
\_\_\_\_\_  
Address

PORT ST. LUCIE, FL 34953  
\_\_\_\_\_  
City, State & Zip

(954) 261-3433  
\_\_\_\_\_  
Daytime Telephone number

rafaelmartineztax@hotmail.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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FILED

**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** EDUBONLINE CORP  
The name of the benefit corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address \_\_\_\_\_ Mailing address, if different is: \_\_\_\_\_  
\_\_\_\_\_  
2400 SE VETERANS MEMORIAL PKWY, STE 127 \_\_\_\_\_  
\_\_\_\_\_  
PORT ST. LUCIE, FL 34952 \_\_\_\_\_  
\_\_\_\_\_

**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:  
The purpose of the Corporation is Education for creating a material positive impact on society and  
\_\_\_\_\_  
the environment, taken as a whole, from the business and operations of the Company. We will be  
\_\_\_\_\_  
focused on sustainability, an inclusive, equitable and regenerative economy in which success is  
\_\_\_\_\_  
measured by the well-being of people and the planet.  
\_\_\_\_\_

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):  
To be the leader educational company in the United States, aimed at sustainably training  
\_\_\_\_\_  
multidisciplinary professionals, with a perspective of providing each member of families  
\_\_\_\_\_  
in need for support, with training and instruction on trades and tools that enable development  
\_\_\_\_\_  
insertion of skilled work and financial skills for an improvement in quality of life.  
\_\_\_\_\_

**ARTICLE IV SHARES** 100,000  
The number of shares of stock is: \_\_\_\_\_

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

Name and Title:	RAFAEL A. MARTINEZ, P	Name and Title:	DIEGO F. CHIRIBOGA, V
Address	492 SW FIFER AVE	Address:	2788 SE BIRMINGHAM DRIVE
	PORT ST. LUCIE, FL 34953		STUART, FL 34994

Name and Title:	ALFREDO E. GUATTO, D	Name and Title:	ANDRES M. GUATTO, O
Address	1759 SW NEWPORT ISLES BLVD	Address:	1759 SW NEWPORT ISLES BLVD
	PORT ST. LUCIE, FL 34953		PORT ST. LUCIE, FL 34953

Name and Title: MARIANO GUATTO, O Name and Title: \_\_\_\_\_

Address: 1759 SW NEWPORT ISLES BLVD Address: \_\_\_\_\_

PORT ST. LUCIE, FL 34953 \_\_\_\_\_

If applicable. BENEFIT DIRECTOR: \_\_\_\_\_ If applicable. BENEFIT OFFICER: \_\_\_\_\_

Name: ALFREDO E. GUATTO, D Name: ANDRES M. GUATTO, O

Address: 1759 SW NEWPORT ISLES BLVD Address: 1759 SW NEWPORT ISLES BLVD

PORT ST. LUCIE, FL 34953 PORT ST. LUCIE, FL 34953

**ARTICLE VI REGISTERED AGENT**

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

Name: DIEGO F. CHIRIBOGA

Address: 2788 SE BIRMINGHAM DRIVE

STUART, FL 34994

**ARTICLE VII INCORPORATOR**

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

Name: RAFAEL A. MARTINEZ

Address: 492 SW FIFER AVE

PORT ST. LUCIE, FL 34953

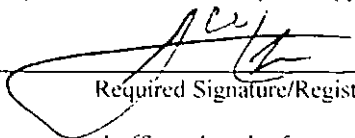
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**ARTICLE VIII ADDITIONAL QUALIFICATIONS OF BENEFIT DIRECTOR, IF ANY:**

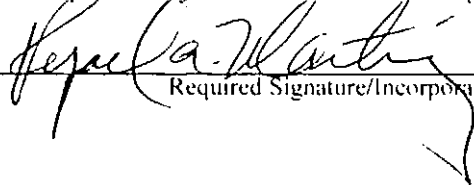
Accounting Professional and MBA specialized in Real Estate and Construction business.

NOTE: PLEASE SEE ARTICLE IX ATTACHED.

*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*

 12/29/2020  
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.*

 12/29/2020  
Required Signature/Incorporator Date

ARTICLE IX EFFECTIVE DATE

Effective day, if other than the date of filing: **01/01/2021**

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CLERK OF SUPERIOR COURT