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FLORIDA PROFIT BENEFIT CORPORATION COVER LETTER

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

The	Way Ahead Collaborative Corporation		
SUBJECT:	ADADACED CADDAD	TE NAME – <u>MUST INCL</u>	UDE CHEELY)
	(PROPOSED CORPORA	TE NAME - MUST INCL	ODE SOFFIX)
Enclosed are an	original and one (1) copy of the art	ticles of incorporation and	d a check for:
■ \$70.0 Filing Fe	00 🗆 \$78.75	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of
		ADDITIONAL CO	Status OPY REQUIRED
	A Cabard Day war 2b		
FROM:	Michael Browarnik		
T ROW.	Nam	e (Printed or typed)	
	1137 S Southlake Drive		
		Address	
	Hollywood, FL 33019		
	City	. State & Zip	
	(877) 338-8700		
	Daytime T	l'elephone number	
	michael@na-ca.com		
-	E-mail address: (to be use	d 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 NAMI The name of the benefit		d Collaborative Corporation	
	CIPAL OFFICE Principal street address	Mailing a	ddress, if different is:
ARTICLE III BENEF The corporation elects The purpose for which	IT STATEMENT AND BUSINESS to be a benefit corporation in accord the corporation is organized is to create the corporation of th	ance with s. 607.603, F.S.	1021 FEB -8 PK 1:25
The general and/or spectfollows (optional):	cific public benefit(s) to be created b	by the corporation (in addition to its	general purpose) is/are as
ARTICLE IV SHAR The number of shares of	f stock is:	NEFIT DIRECTOR AND BENEFI	T OFFICER (if Applicable)
Name and Titl	1137 S Southlake Drive	Name and Title: Address:	
Name and Title	::	Name and Title:	
			

• ,	nd Title:	Name and Title:
Address	s	Address:
If applic	able, BENEFIT DIRECTOR:	If applicable, BENEFIT OFFICER:
Name :		Name:
Address		
Address	s	
ARTICLE VI	REGISTERED AGENT Florida street address (P.O. Box NOT ad	population of the supertared agent is:
	Michael Browarnik	ceptable) of the registered agent is.
Name:	1137 S Southlake Drive	
Address:	Hollywood, FL 33019	
ARTICLE VII	INCORPORATOR	
The name and a	ddress of the Incorporator is:	
Name:	Michael Browarnik	
Address:	1137 S Southlake Drive	
riddie55.	Hollywood, FL 33019	
		OF BUILDIE DIBECTOR IS AND
<u>ARTICLE VIII</u>	ADDITIONAL QUALIFICATIONS	OF BENEFIT DIRECTOR, IF ANY:
ARTICLE VIII	ADDITIONAL QUALIFICATIONS	OF BENEFIT DIRECTOR, IF ANT.
ARTICLE VIII	ADDITIONAL QUALIFICATIONS	OF BENEFIT DIRECTOR, IF ANT.
ARTICLE VIII	ADDITIONAL QUALIFICATIONS	OF BENEFIT DIRECTOR, IF ANT.
Having been na	med as registered agent to accept service	of process for the above stated corporation at the place designated
Having been na	med as registered agent to accept service	of process for the above stated corporation at the place designated It as registered agent and agree to act in this capacity
Having been na	med as registered agent to accept service familiar with and accept the appointmen	of process for the above stated corporation at the place designated at as registered agent and agree to act in this capacity
Having been nar certificate, I am	med as registered agent to accept service familiar with and accept the appointmen Required Signature/Registered	of process for the above stated corporation at the place designated at as registered agent and agree to act in this capacity Agent Date
Having been nar certificate, I am	med as registered agent to accept service familiar with and accept the appointmen Required Signature/Registered cument and affirm that the facts stated	of process for the above stated corporation at the place designated at as registered agent and agree to act in this capacity