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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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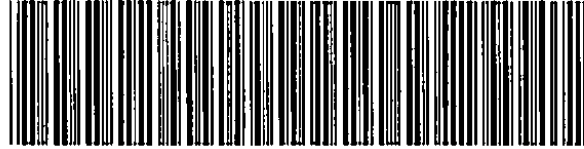
(Business Entity Name)

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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

**SUBJECT:** A. Johnelle 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  
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:** Sequoyah Lindsey-Taylor

\_\_\_\_\_  
Name (Printed or typed)

6859 Lenox Avenue #29

\_\_\_\_\_  
Address

Jacksonville, FL 32205

\_\_\_\_\_  
City, State & Zip

904-601-5554

\_\_\_\_\_  
Daytime Telephone number

aseaccessories2@gmail.com

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

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

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# 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: A. Johnelle 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 children in all areas of wellness through trainings, workshops,

technology, 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):

## 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: Arya Taylor, CEO

Name and Title: Edric Taylor, COO

Address 6859 Lenox Avenue #29

Address: 6859 Lenox Avenue #29

Jacksonville, FL 32205

Jacksonville, FL 32205

Name and Title: Sequoyah Lindsey-Taylor, CFO

Name and Title: \_\_\_\_\_

Address 6859 Lenox Avenue #29

Address: \_\_\_\_\_

Jacksonville, FL 32205

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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, CFO  
Address: 6859 Lenox Avenue #29  
Jacksonville, FL 32205

**ARTICLE VII INCORPORATOR**

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

Name: Sequoyah Lindsey-Taylor, CFO  
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*

Slagor 01/30/2021  
Required Signature/Registered Agent Date

*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.*

Slagor 01/30/2021  
Required Signature/Incorporator Date

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