

P21000049353

(Requestor's Name)

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(Business Entity Name)

(Document Number)

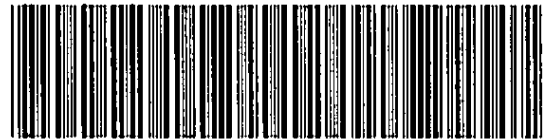
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T. SCOTT



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04/23/21--01012--015 **70.00

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2021 APR 23 AM 10:30
CLERK OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT BENEFIT CORPORATION
COVER LETTER

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

SUBJECT: Project Opioid US, 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: Andrae J. Bailey

Name (Printed or typed)

55 W. Church Street, Apt. 3105

Address

Orlando, FL 32801

City, State & Zip

407-456-0605

Daytime Telephone number

andraejbailey@gmail.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: Project Opioid US, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
100 E. Pine Street, Suite 110
Orlando, FL, 32801

Mailing address, if different is:

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 conduct any and all lawful business that is designed to help address problems related to opioid misuse

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CLERK OF COURT
TALLAHASSEE, FLORIDA

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):

(1) To create resources that can help communities and organizations effectively confront the opioid epidemic; (2) to provide guidance and recommendations for communities and organizations that are working to solve problems related to opioid abuse, addiction, and overdose; and (3) to produce educational and informational content that can help local, state, and federal leaders, as well as the general public, more fully understand the scope and nature of the opioid epidemic and the factors that contribute to opioid abuse.

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: Andrae J. Bailey, Director

Address: 55 W. Church Street, Apt. 3105
Orlando, FL 32801

Name and Title: Andrae Bailey, J. Chairman

Address: 55 W. Church Street, Apt. 3105
Orlando, FL, 32801

Name and Title: Andrae J. Bailey, President

Address: 55 W. Church Street, Apt. 3105
Orlando, FL, 32801

Name and Title: Andrae J. Bailey, Secretary

Address: 55 W. Church Street, Apt. 3105
Orlando, FL, 32801

Name and Title:	Andrae J. Bailey, Treasurer	Name and Title:	_____
Address	55 W. Church Street, Apt. 3105	Address:	_____
	Orlando, FL 32801		_____
	_____		_____
	_____		_____
If applicable, BENEFIT DIRECTOR:		If applicable, BENEFIT OFFICER:	
Name :	Andrae J. Bailey	Name:	Andrae J. Bailey
Address	55 W. Church Street, Apt. 3105	Address:	55 W. Church Street, Apt. 3105
	Orlando, FL 32801		Orlando, FL 32801
	_____		_____
	_____		_____

ARTICLE VI REGISTERED AGENT

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

Name: Andrae J. Bailey
 Address: 55 W. Church Street, Apt. 3105
 Orlando, FL 32801

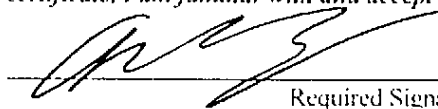
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

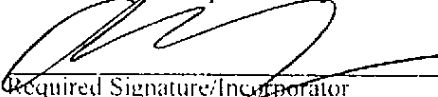
Name: Andrae J. Bailey
 Address: 55 W. Church Street, Apt. 3105
 Orlando, FL 32801

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

	03/30/2021
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.

	03/30/2021
Required Signature/Incorporator	Date