

P21000056791

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LEADER ASSOCIATES LLC
Account Number : I20180000056
Phone : (954)998-3963
Fax Number : (954)697-0359

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
PURPOSEFUL GROUP INC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I – NAME

The name of the Corporation shall be: **PURPOSEFUL GROUP INC**

ARTICLE II – ADDRESS

The Principal street address of the Corporation shall be:

2217 SW 1st CT

FORT LAUDERDALE, FL 33312

The Mailing address of the Corporation shall be:

SAME AS PRINCIPAL

ARTICLE III – PURPOSE

The purpose for which the corporation is organized is **any and all lawful business.**

ARTICLE IV – SHARES

The number of shares of stock is: **1,000**

ARTICLE V – INITIAL OFFICERS AND/OR DIRECTORS

Name: **JOHN KULA**

Title: **PRESIDENT**

Address: **2217 SW 1st CT**

FORT LAUDERDALE, FL 33312

ARTICLE VI – REGISTERED AGENT

The name and Florida street address (PO BOX not acceptable) of the Registered Agent is:

Name: **JOHN KULA**

Address: **2217 SW 1st CT**

FORT LAUDERDALE, FL 33312

ARTICLE VII – INCORPORATOR

The name and address of the Incorporator is:

Name: **JOHN KULA**

Address: **2217 SW 1st CT**

FORT LAUDERDALE, FL 33312

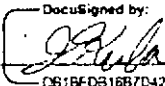
ARTICLE VIII – EFFECTIVE DATE

Effective date shall be the **filling date**.

DocuSign Envelope ID: 72EF4352-FD68-4366-821F-704D21CDF95B

REGISTERED AGENT AFFIDAVIT

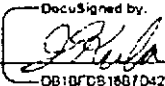
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as Registered Agent and agree to act in this capacity.

DocuSigned by:

OB1BFDB18B7D423...
JOHN KULA - Registered Agent

6/15/2021
Date

INCORPORATOR AFFIDAVIT

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.

DocuSigned by:

OB1BFDB18B7D423...
JOHN KULA - Incorporator

6/15/2021
Date