

P210000060682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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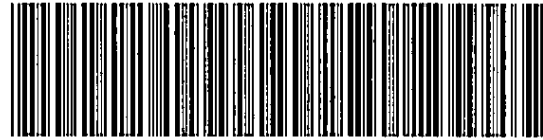
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 JUN 29 AM 10:39
TALLAHASSEE, FL

FLORIDA PROFIT BENEFIT CORPORATION

COVER LETTER

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

SUBJECT: Project Homelessness 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)

100 E. Pine Street, Suite 110

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)

RECEIVED
TALLAHASSEE, FL
STATE

2021 JUN 29 AM 10:39

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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

Project Homelessness US, Inc.
The name of the benefit corporation shall be: _____

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 homelessness

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 homelessness; (2) To provide

guidance and recommendations for communities and organizations that are working to solve problems related to

homelessness; (3) To produce educational and information content that can help local, state, and federal leaders, as well as

the general public, more fully understand the scope and nature of homelessness and the factors that contribute to

homelessness

ARTICLE IV SHARES

1000
The number of shares of stock is: _____

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 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

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

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TALLAHASSEE, FL
CLERK OF CIRCUIT COURT

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
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

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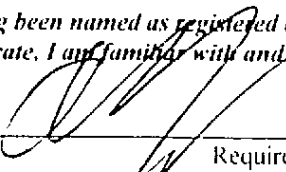
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

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

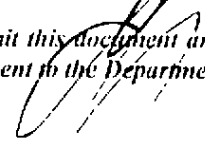
ARTICLE VIII ADDITIONAL QUALIFICATIONS OF BENEFIT DIRECTOR, IF ANY:

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


 Required Signature/Registered Agent

 05/01/2021
 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.


 Required Signature/Incorporator

 05/01/2021
 Date