

P21000088271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

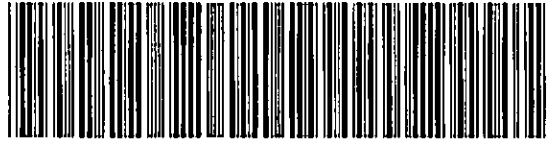
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W21000134622

Office Use Only



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[Signature]
9/21/21

09/20/21--01023--004 **78.75

SECRETARY OF STATE
TALLAHASSEE, FL

2021 SEP 20 AM 6:50

FILED

✓

COVER LETTER

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

SUBJECT: Do Well Do Good Corporation
(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: Rachel Shapiro
Name (Printed or typed)

506 N E St
Address

Laice Worth Beach, FL 33460
City, State & Zip

954-4105-6320
Daytime Telephone number

Rachel@rachelshapiroinc.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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2021 SEP 20 AM 6:50
SECRETARY OF STATE
TALLAHASSEE, FL

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:

Do Well Do Good Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

506 N E St
Lake Worth Beach, FL 33460

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

We would like to be a social benefit corp. We aim to curate
businesses and food on offer through a commercial kitchen
to share this space, equipment, skills, knowledge and support.

ARTICLE IV SHARES

The number of shares of stock is:

100%

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rachel Shapiro CEO

Name and Title:

Address

506 N E St
Lake Worth Beach, FL 33460

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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SECRETARY OF STATE
TALLAHASSEE, FL

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

ARTICLE VI REGISTERED AGENT

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

Name: Holly A. Olmich Bottom Line Bookkeeping
Address: 605 N B St.
Lake Worth Beach, FL 33460

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Rachel Shapiro
Address: 506 N E St
Lake Worth Beach, FL 33460

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 9/13/21 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

[Signature]
Required Signature/Registered Agent

9/13/21
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.

[Signature]
Required Signature/Incorporator

9/13/21
Date

FILED
2021 SEP 20 AM 6:50
SECRETARY OF STATE
TALLAHASSEE, FL

FILED
Aug 25, 2021
Secretary of State

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

Name of Corporation:

DO WELL DO GOOD CORP.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.

Description of information that must be included in a claim:

THE COMPANY WAS NOT SET UP PROPERLY

Mailing address where claims can be sent:

625 N B ST
STE 101
LAKE WORTH, FL 33460

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: RACHEL SHAPIRO

Electronic Signature of the Person Filing

FILED
2021 SEP 20 AM 6:50
SECRETARY OF STATE
TALLAHASSEE, FL

FILED
Aug 25, 2021
Secretary of State

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida corporation submits the following Articles of Dissolution:

- FIRST: The name of the corporation as currently filed with the Florida Department of State:
DO WELL DO GOOD CORP.
- SECOND: The document number of the corporation: P20000091899
- THIRD: The file date of the articles of incorporation: November 18, 2020
- FOURTH: None of the corporation's shares have been issued.
- FIFTH: No debt of the corporation remains unpaid.
- SIXTH: The net assets of the corporation remaining after winding up, if any, have been distributed.
- SEVENTH: A majority of the incorporators or directors authorized the dissolution.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: RACHEL SHAPIRO

P

Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

2021 SEP 20 AM 6:50
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

DO WELL DO GOOD CORP.
RACHEL SHAPIRO
506 N E ST
LAKE WORTH BEACH, FL 33460

Re: DISSOLUTION OF CORP DOC NO. P20000091899 DO WELL DO GOOD CORP.

TO WHOM IT MAY CONCERN:

IT IS MY INTENTION TO DISOLVE THIS CORPORATION AND NOT REINSTATE IT. I RELEASE THIS NAME FOR USE BY ANY OTHER ENTITY.

RACHEL SHAPIRO

Rachel Shapiro

8/31/2021

STATE OF FLORIDA

COUNTY OF PALM BEACH

Holly A Olerich

8/31/2021

HOLLY A OLERICH

2021 SEP 20 AM 6:49
SECRETARY OF STATE
TALLAHASSEE, FL

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