

P22000000 8213

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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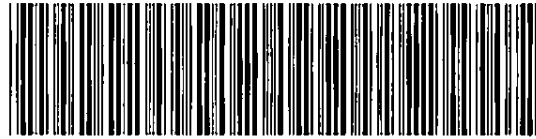
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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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

Blackbird Project Co. *x JPT*

SUBJECT: ~~Blackbird Co.~~ *Blackbird Project Co.*
(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: John P. Temperilli
Name (Printed or typed)
510 All Saints St #304
Address
Tallahassee, FL 32301
City, State & Zip
713-254-5825
Daytime Telephone number
john@blackbird.ug
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: ~~Blackbird Co.~~ Blackbird Project Co. ^{*JP1}

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

510 All Saints St #304
Tallahassee, FL 32301

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:

1. Create goods in Sub-saharan African, starting in Uganda, to market to the developing world.
2. Establish a furniture workshop to create such goods.
3. Fund other small businesses that focus on providing livelihoods for local populations.

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. Develop skills in the developing world, starting in Uganda.
2. Provide resources for individuals with aptitude and desire to start successful enterprises in the developing world.
3. Move more of the value chain to the communities of origin for the raw materials, starting with wood.
4. Use a portion of profits to fund educational and community projects (schools, ICT Centers, Soccer fields, etc) and fund additional projects to build a portfolio of successful small businesses in the developing world.

ARTICLE IV SHARES

The number of shares of stock is: 400

ARTICLE V INITIAL OFFICERS, DIRECTORS, BENEFIT DIRECTOR AND BENEFIT OFFICER (if Applicable)

Name and Title: John P. Temperilli, Owner, Director

Name and Title: _____

Address 510 All Saints St #304
Tallahassee, FL 32301

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FL

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

If applicable, BENEFIT DIRECTOR:

Name : John P. Temperilli

Address 510 All Saints St #304

Tallahassee, FL 32301

If applicable, BENEFIT OFFICER:

Name: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: John P. Temperilli

Address: 510 All Saints St #304

Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: John P. Temperilli

Address: 510 All Saints St #304

Tallahassee, FL 32301

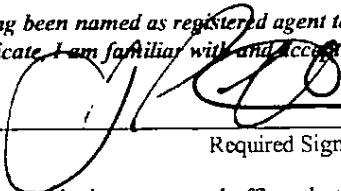
ARTICLE VIII ADDITIONAL QUALIFICATIONS OF BENEFIT DIRECTOR, IF ANY:

1. Has lived in Uganda for 1.5 years.

2. Has working in a non-profit.

3. Has 10 years management experience.

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

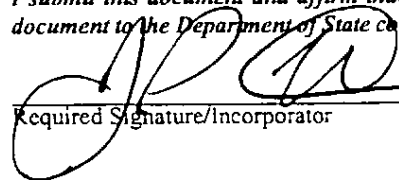


Required Signature/Registered Agent

2/5/2022

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

Date

2/5/2022