

P22000011664

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*[Signature]*  
2/17/22

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**FLORIDA PROFIT SOCIAL PURPOSE CORPORATION**  
**COVER LETTER**

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

**SUBJECT:** Regal Unicorn Ventures Corp

(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:** Tanganyika Frederick

Name (Printed or typed)

525 N.W. 1ST AVE.

Address

FORT LAUDERDALE, FL 33301

City, State & Zip

310-848-3624

Daytime Telephone number

tangy18th@gmail.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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TALLAHASSEE  
STATE

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**ARTICLES OF INCORPORATION FOR FLORIDA PROFIT SOCIAL PURPOSE CORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the social purpose corporation shall be Regal Unicorn Ventures Corp

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

525 N.W. 1st Ave.

Fort Lauderdale, FL 33301

**ARTICLE III SOCIAL PURPOSE STATEMENT AND BUSINESS PURPOSE**

The corporation elects to be a social purpose corporation in accordance with s. 607.503, F.S.

The business purpose and public benefit(s) for which the corporation is organized are:

Any and all lawful business and to provide technological education and resources for under-served

communities and individuals.

The specific public benefit(s) to be created by the corporation (in addition to its general purpose) is/are as follows (optional):

**ARTICLE IV SHARES**

The number of shares of stock is: 100,000

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

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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2012 FEB -1 PM 4:47  
CLERK OF DISTRICT COURT  
JUDICIAL CIRCUIT IN AND FOR  
NINTH JUDICIAL CIRCUIT  
FLORIDA

If applicable, BENEFIT DIRECTOR:

Name : \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: ~~Tangyanika Frederick~~ Tangyanika Frederick

Address: 525 N.W. 1st Ave

Fort Lauderdale, Fl 33301

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

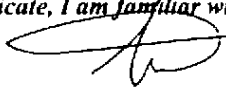
Name: ~~Tangyanika Frederick~~ Tangyanika Frederick

Address: 525 N.W. 1st Ave

Fort Lauderdale, Fl 33301

**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

1/28/2022

\_\_\_\_\_  
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

1/28/2022

\_\_\_\_\_  
Date

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MAR 1 2022

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: ANDERSEN HB, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KATHRYN A. HUYNH, ESQ.

Name of Person

BERLIN PATTEN EBLING, PLLC

Firm/Company

324 S HYDE PARK AVENUE, SUITE 325

Address

TAMPA, FL 33606

City/State and Zip Code

dandersen@andersencompanies.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KATHRYN HUYNH

813

467-7500

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

Mailing Address

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

Street Address

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2022 FEB -1 PM 4:47  
TALLAHASSEE  
STATE OF FLORIDA