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☐ PICK-UP

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(Business Entity Name)

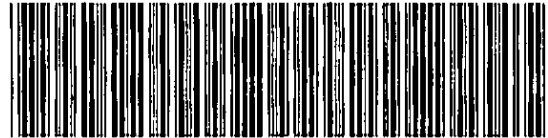
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FLORIDA PROFIT BENEFIT CORPORATION

COVER LETTER

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

SUBJECT: Miami Beach Tours and Rentals 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
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: Jose Garcia
Name (Printed or typed)
320 84th St Apartment #1
Address
Miami Beach, Florida 33141
City, State & Zip
305-367-1441
Daytime Telephone number
mbtoursandrentals@gmail.com
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: Miami Beach Tours and Rental Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

320 84th St Apartment #1

Miami Beach, Florida 33141

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:

Provide referrall/concierge services to Floridians and tourists who are in Miami and surrounding areas.

As a Benefit Corporation, we satisfy the requirements of this chapter Part III of section (607.603 F.S), and the articles of
incorporation states that the corporation mentioned is a benefit corporation under this part.

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):

The public benefit for which the corporation is created is to open Transitional Independent Living Homes for teens aging out
the foster care system as they turn 18 years of age. The mission is a 7-Step Independent Living Program (includes: on-going
counseling/therapy, mentorship, life skills/communication skills, employment, education, financial literacy &
entrepreneursip), for the Foster Youth to facilitate residents' transition to adulthood, teaching them life skills and increasing
their spiritual intelligence to enable their successful achievement of this transition through the promise of God.

ARTICLE IV SHARES

The number of shares of stock is: 1

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

Name and Title: Jose Garcia - CEO

Name and Title: _____

Address

320 84th St

Address: _____

Apartment #1

Miami Beach, Florida 33141

Name and Title: _____

Name and Title: _____

Address

Address: _____

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

If applicable, BENEFIT DIRECTOR:

If applicable, BENEFIT OFFICER:

Name : _____ Name: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Registered Agents Inc.
Address: 7901 4th St N, STE 300
St. Petersburg , FL 33702

ARTICLE VII INCORPORATOR

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

Name: Jose Garcia
Address: 320 84th St Apartment #1
Miami Beach, FCilorida 33141

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

Bill Hane
Required Signature/Registered Agent

2/25/2022

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.

[Signature]
Required Signature/Incorporator

Date

2/25/2022