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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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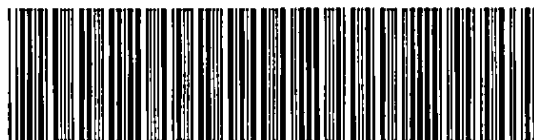
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA PROFIT SOCIAL PURPOSE CORPORATION

COVER LETTER

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

SUBJECT: Local Insights, 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: Laurie Lee at The Legal Department

Name (Printed or typed)

5011 Gate Parkway Bldg 100-100

Address

Jacksonville, FL 32256

City, State & Zip

904-860-3111

Daytime Telephone number

admin@thelegaldepartment.law

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 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 Local Insights, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7901 4th St. N, Ste 300

PSC 851 Box 1273

St. Petersburg, FL 33702

FPO AE 09834

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.

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 10,000

The number of shares of stock is: _____

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

Name and Title: Tracey Ford, CEO

Name and Title: _____

Address: PSC 851 Box 1273

Address: _____

FPO AE, 09834

n/a
Name and Title: _____

n/a
Name and Title: _____

Address: _____

Address: _____

n/a
Name and Title: _____

n/a
Name and Title: _____

Address: _____

Address: _____

Beneficial BENEFIT DIRECTOR

Beneficial BENEFIT DIRECTOR

Name

Name

Address

Address

ARTICLE VI REGISTERED AGENT

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

Name

7901 4th St. N. Ste 300

Address

St. Petersburg, FL 33702

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name

Tracey Ford

Address

FSC 851 Box 1273

FPO AF 09834

ARTICLE VIII ADDITIONAL QUALIFICATIONS OF BENEFIT DIRECTOR, IF ANY:

na

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

Tom Glone

Registered Agent, Registered Agent

Signature

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.317.155, F.S.

Registered Agent, Registered Agent

Date