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7/19/22

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STAFF

**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 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:** 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

Name and Title: n/a

Name and Title: n/a

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

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

Name and Title: n/a

Name and Title: n/a

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

PSC 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