

P22 000059009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

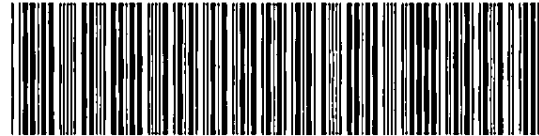
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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CLERK OF STATE
COURT CLERK

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

GIRAFE CO.

Signature _____

Requested by: SETH

07//22

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

174 - Pender's Printing - Tallahassee, FL 32301

Art of Inc. File _____
LTD Partnership File _____
Foreign Corp. File _____
L.C. File _____
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Art. of Amend. File _____
RA Resignation _____
Dissolution / Withdrawal _____
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Corp Record Search _____
Officer Search _____
Fictitious Search _____
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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: GIRAFE 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 ☐ \$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: Benjamin Bedrava

Name (Printed or typed)

777 SW 37 AVE., Suite 510

Address

MIAMI, FL 33135

City, State & Zip

786-837-6676

Daytime Telephone number

benjamin@cpdclaw.com

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

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TALLAHASSEE, FL 32310

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 GIRAFE CO.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2848 SW 22nd AVE.

MIAMI, FL 33133

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:

The creation of an impact-focused platform that facilitates the collaboration between citizens and institutions for the
betterment of local communities.

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

Improving the situation of people living in a community, even if defined in the widest sense, does not necessarily provide the

highest margins for those who matchmake. The main public benefit of this new company does hence consist in the promise

that social impact plays the central role in the definition and measure of its business goals.

ARTICLE IV SHARES

The number of shares of stock is: 1000

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

Name and Title: ERIC FIRLEY, DIRECTOR

Name and Title: _____

Address 2848 SW 22nd AVE.

Address: _____

MIAMI, FL 33133

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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CLERK OF DISTRICT COURT
JUL 25 2022

If applicable, BENEFIT DIRECTOR:

Name : ERIC FIRLEY

Address 2848 SW 22nd AVE.
MIAMI, FL 33133

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: EPGD ATTORNEYS AT LAW, P.A.

Address: 777 SW 37 AVE., STE. 510
MIAMI, FL 33135

ARTICLE VII INCORPORATOR

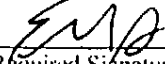
The name and address of the Incorporator is:

Name: EPGD ATTORNEYS AT LAW, P.A.

Address: 77 SW 37 AVE., STE. 510
MIAMI, FL 33135


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

7/25/22
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

7/25/22
Date

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L-3-D
NOTARIES PUBLIC
MIAMI, FL 33135