

P23000013828

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

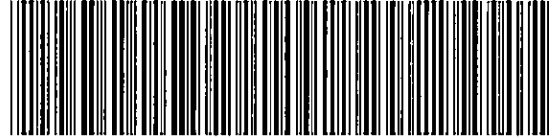
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800401142018

02/05/23--01015--002 **70.00

[Handwritten signature]

FILED

2023 FEB -6 AM 5:04

SECRETARY OF STATE
TALLAHASSEE, FL

FLORIDA PROFIT BENEFIT CORPORATION
COVER LETTER

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

SUBJECT: Helping For Change 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: Justin Lucci
Name (Printed or typed)

750 1/2 3rd St N
Address

St Petersburg, FL 33701
City, State & Zip

585-261-1705
Daytime Telephone number

justin@thegloballoveproject.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

SECRETARY OF STATE
TALLAHASSEE, FL

2023 FEB - 6 AM 5:04

FILED

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: Helping For Change Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
750 1/2 3rd St N
St Petersburg, FL 33701

Mailing address, if different is:
200 2nd Ave S, #747
St Petersburg, FL 33701

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:
generate revenue to cultivate connections to improve the local communities.

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):

ARTICLE IV SHARES

The number of shares of stock is: 100

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

Name and Title:	<u>Justin Lucci</u>	Name and Title:	_____
Address	<u>750 1/2 3rd St N</u> <u>St Petersburg, FL 33701</u>	Address:	_____

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

FILED
2023 FEB -6 AM 5:04
SECRETARY OF STATE
TALLAHASSEE, FL

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: Jodi Chemes

Address: 4116 8th Ave S. Unit A

St Petersburg, FL 33711

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Justin Lucci

Address: 750 1/2 3rd St N

St Petersburg, FL 33701

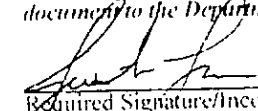
ARTICLE VIII ADDITIONAL QUALIFICATIONS OF BENEFIT DIRECTOR, IF ANY:

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

1/25/23
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

Date

1/25/23

FILED
2023 FEB -6 AM 5:04
SECRETARY OF STATE
TALLAHASSEE, FL