

JN23000004028

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

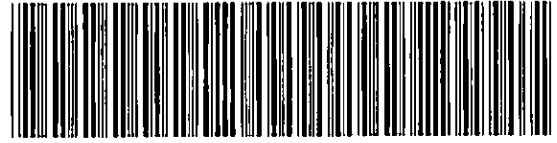
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 MAR 21 PM 9:30
STATE OF FLORIDA
TALLAHASSEE, FL

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AA

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COVER LETTER

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

SUBJECT: Chosen Generation Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

DEPARTMENT OF STATE
TALLAHASSEE, FL

2023 MAR 21 PM 9:30

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FROM: Michael Ziemlak
Name (Printed or typed)

439 Arbell Loop
Address

The Villages, FL 32162
City, State & Zip

407-551-9351
Daytime Telephone number

mike.ziemlak@yahoo.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
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Chosen Generation Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

439 Arbella Loop
The Villages, FL
32162

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Said organization is organized for religious purposes, including for such purposes, the making of distributions to organizations that qualify as exempt organizations under the Section 501(c)(3) of the Internal Revenue Code. No substantial part of the activities of this organization shall be the attempting to influence legislation, and this organization shall not participate or intervene in any political campaign on behalf of any candidate for public office.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: _____

according to Corp. Bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael Ziemlak ^{Chairman of Board & Founder}

Address: 439 Arbella Loop
The Villages, FL
32162

Name and Title: Sally Allen

Address: 4371 Shappe
Port Charlotte
33948

Name and Title: William Fory ^{Vice Chairman}

Address: 11 North Street
Cheshire, MA
01225

Name and Title: _____

Address: _____

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TALLAHASSEE, FL
CLERK OF CIRCUIT COURT

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Michael Zienlak
Address: 439 Arbella Loop
The Villages, FL 32162

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michael Zienlak
Address: 439 Arbella Loop
The Villages, FL 32162

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: March 21, 2023 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Michael Zienlak
Required Signature of Registered Agent

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

Michael Zienlak
Required Signature of Incorporator

Date

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TALLAHASSEE, FL