

N 23000012771

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

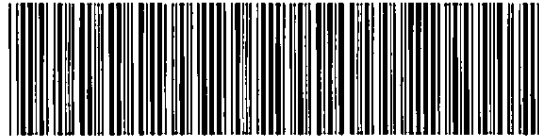
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DIRECTOR'S OFFICE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

OCT 24 AM 10:00

RECEIVED

2023 10 24 PM 1

COVER LETTER

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

SUBJECT: SODA ON North Florida 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

FROM: Natale Bush Harley  
Name (Printed or typed)

at Pat Thomas Parkway  
Address

Waukegan IL 30301  
City, State & Zip

(847) 612-5374  
Daytime Telephone number

Natale.Martinez30@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

Name of the corporation shall be: SUDA OF NORTH FLORIDA INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

21 Pat Thomas  
Quincy FL 32351

Mailing address, if different is:

310 Faircloth Road  
Chattahoochee FL 32324

ARTICLE III PURPOSE

purpose for which the corporation is organized is: TO offer services to  
victims of Domestic Violence,

ARTICLE IV MANNER OF ELECTION

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

the president

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Natylie Bush Harley Name and Title: President

Address: 310 Faircloth Road Address: \_\_\_\_\_  
Chattahoochee FL 32324

Name and Title: Lakisha Futsey Name and Title: Secretary

Address: 9115 Hillcrest Ave Address: \_\_\_\_\_  
Quincy FL 32351

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

ARTICLE VI REGISTERED AGENT

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

Name: Natalie Bush Haley  
Address: 310 Faircloth Road  
Chattahoochee FL 32324

ARTICLE VII INCORPORATOR

Name and address of the Incorporator is:

Name: Natalie Bush Haley  
Address: 310 Faircloth Road  
Chattahoochee FL 32324

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing, 10-20-23 (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.)

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.

I have 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

Natalie Bush Haley  
Required Signature of Registered Agent

10-24-23  
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.

Natalie Bush Haley  
Required Signature of Incorporator

10-24-23  
Date

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