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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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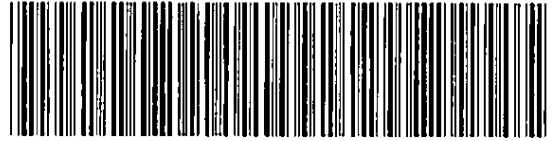
(Business Entity Name)

(Document Number)

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2024 AUG 26 11:13 AM

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Smallest Seed Inc.
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Tamara Shannon
Name of Person

The Smallest Seed, Inc.
Firm/Company

563 Campus Rd.
Address

Kissimmee FL 34747
City/State and Zip Code

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

For further information concerning this matter, please call:

Penelope Jordan at (213) 205 7007
Name of Person Area Code Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:

1. The Smallest Seed Inc.
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like
import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained
in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New York 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. January 29 2007 5. e
(Date of incorporation) (Date of duration, if other than perpetual)

6. July 15, 2024
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 563 Campus Rd. Kissimmee FL 34747
(Principal office street address)

e
(Current mailing address, if different)

8. non-profit charity
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

Name: Tamara Shannon

Office Address: 563 Campus Rd.
Kissimmee, Florida 34747
(City) (Zip Code)

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10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place
designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I
further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties,
and I am familiar with and accept the obligations of my position as registered agent.

Tamara Shannon

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to
the Department of State, by the Secretary of State or other official having custody of corporate records in the
jurisdiction under the law of which it is incorporated.

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐ Chairman Name: Eileen Habelow
☐ Vice Chairman Address: 563 Campus
☐ Director Rd. Kissimmee
☐ President FL 34747
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: Exec. Director ☐ Other: _____

☐ Chairman Name: Thomas Shannon
☐ Vice Chairman Address: 563 Campus
☐ Director Rd. Kissimmee
☐ President FL 34747
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Tamara Shannon
☒ Vice Chairman^{wo} Address: 563 Campus
☐ Director Rd. Kissimmee
☐ President FL 34747
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Blanka Garcia
☐ Vice Chairman Address: 563 Campus
☐ Director Rd. Kissimmee
☐ President FL 34747
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: Member At Large ☐ Other: _____

☐ Chairman Name: Louvette Monoz
☐ Vice Chairman Address: 563 Campus
☐ Director Rd. Kissimmee
☐ President FL 34747
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Angel David Rivera
☐ Vice Chairman Address: 563 Campus
☐ Director Rd. Kissimmee
☐ President FL 34747
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: Member At Large ☐ Other: _____

NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13. Tamm Shannon
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Tamara Shannon, Vice Chairwoman
(Typed or printed name and capacity of person signing application)

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, WALTER T. MOSLEY, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: THE SMALLEST SEED, INC.
DOS ID Number: 3468825
Entity Type: DOMESTIC NOT-FOR-PROFIT CORPORATION
Entity Status: EXISTING
Date of Initial Filing with DOS: 01/29/2007

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State,
at the City of Albany, on July 03, 2024 at 03:39 P.M.

WALTER T. MOSLEY
Secretary of State

Brendan C. Hughes

BRENDAN C. HUGHES
Executive Deputy Secretary of State

Authentication Number: 100006018664 To Verify the authenticity of this document you may access the
Division of Corporation's Document Authentication Website at <http://ecorp.dos.ny.gov>

New York State Department of State
Division of Corporations, State Records and Uniform Commercial Code
COPY REQUEST/CERTIFICATE OF STATUS RECEIPT

THE UNTAXER
552 E CARLSON STREET
SUITE 104-286
CARSON CA 90745

DATE: 07/01/2024 **TRANSACTION NUMBER:** 202407030003985

ENTITY INFORMATION:

ENTITY NAME: THE SMALLEST SEED, INC.
DOS ID: 3468825
DATE OF INITIAL DOS FILING: 01/29/2007

<u>REQUESTED SERVICES:</u>	<u>NUMBER REQUESTED:</u>	<u>FEE:</u>
UNCERTIFIED COPY(\$5.00)		\$0.00
CERTIFIED COPY(\$10.00)		\$0.00
CERTIFICATE OF STATUS - SHORT FORM(\$25.00)	1	\$25.00
CERTIFICATE OF STATUS - LONG FORM(\$25.00)		\$0.00
EXPEDITED HANDLING		\$0.00

<u>TOTAL PAYMENTS RECEIVED:</u>	\$25.00
CASH:	\$0.00
CHECK/MONEY ORDER:	\$0.00
CREDIT CARD:	\$25.00
DRAWDOWN ACCOUNT:	\$0.00
REFUND DUE:	\$0.00

<u>REQUESTED COPY</u>	<u>FILE DATE</u>	<u>FILE NUMBER</u>
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