

N10000009534

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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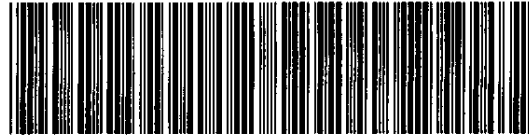
(Business Entity Name)

(Document Number)

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2010 OCT -8 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers OCT 12 2010

COVER LETTER

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

SUBJECT: Seeds Of Unified Light 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: Michael Taylor
Name (Printed or typed)

8 Blakeport Lane
Address

Palm Coast, FL 32137
City, State & Zip

386-338-8338
Telephone number

surviv1@yahoo.com
E-mail address: (to be used for future annual report notification)

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

2013 OCT -8 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME Seeds Of Unified Light Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
8 Blakeport Lane
Palm Coast, FL 32137

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Organization and facilitation of various community outreach programs.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

Directors are elected and appointed at the Annual Meeting.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael Taylor, Director
Address: 8 Blakeport Lane
Palm Coast, FL 32137

Name and Title: _____
Address: _____

Name and Title: Allison Dohrman, Treasurer
Address: 8 Blakeport Lane
Palm Coast, FL 32137

Name and Title: _____
Address: _____

Name and Title: Becky Johnston, Secretary
Address: 8 Blakeport Lane
Palm Coast, FL 32137

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Michael Taylor
Address: 8 Blakeport Lane
Palm Coast, FL 32137

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Allison Dohrman
Address: 8 Blakeport Lane
Palm Coast, FL 32137

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 of Registered Agent

10/5/2010

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.



Required Signature of Incorporator

10/5/2010

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA