

N14000005801

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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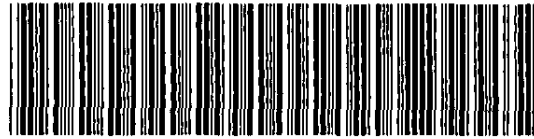
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TO BE FILED  
IN THE OFFICE OF  
THE SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 JUN 19 PM 2:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 JUN 19 PM 2:13

APPROVED  
AND  
FILED

1/1

## COVER LETTER

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

SUBJECT: ESUBA, 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: ELISABETH STRICKLAND  
Name (Printed or typed)

P.O. Box 1515  
Address

WOODVILLE FL 32362  
City, State & Zip

850-717-4393  
Daytime Telephone number

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)

APPROVED  
AND  
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**ARTICLE I NAME**

The name of the corporation shall be: ESUBA, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address:

8839 KELSO LN.

TALLAHASSEE, FL

32305

Mailing address, if different

P.O. Box 1515

WOODVILLE FL

32362

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: EXCLUSIVELY FOR CHARITABLE,

PURPOSES, INCLUDING, FOR SUCH PURPOSES, THE MAKING

OF DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS

EXEMPT ORGANIZATIONS UNDER SECTION 501(C)(3) OF

THE INTERNAL REVENUE CODE, OR THE CORRESPONDING

SECTION OF ANY FUTURE FEDERAL TAX CODE, ~~THIS~~ NOT

FOR PROFIT, IF DISSOLVED WILL DISTRIBUTE ITS ASSETS, AND WILL

NOT ENGAGE IN PROHIBITED POLITICAL AND LEGISLATIVE ACTIVITY

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

APPOINTED

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: ELISABETH STRICKLAND, PRESIDENT Name and Title: RICHARD STRICKLAND VICE PRESIDENT

Address: P.O. Box 1515 Address: 1380 Ocala Rd

WOODVILLE FL TALLAHASSEE FL

32362 32304

Name and Title: ROBERT ANDERSON, SECRETARY Name and Title: TREASURER

Address: 1613 N. MLK BLVD Address: \_\_\_\_\_

TALLAHASSEE, FL \_\_\_\_\_

32303

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

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

\_\_\_\_\_

\_\_\_\_\_

APPROVAL  
AND  
FILED

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

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

14 JUN 19 PM 2:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: ELISABETH STRICKLAND  
Address: 8839 KELSO LANE  
TALLAHASSEE, FL 32305

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ELISABETH STRICKLAND  
Address: 8839 KELSO LANE  
TALLAHASSEE FL 32305

*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*

Elisabeth Strickland

Required Signature of Registered Agent

6-19-2014

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.*

Elisabeth Strickland

Required Signature of Incorporator

6-19-2014

Date