N15000001233

| (Requ | uestor's Name) | |
|----------------------------|-----------------|-------------|
| (Addr | ess) | |
| (Addr | ess) | |
| (City/ | State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Busi | ness Entity Nai | me) |
| (Docu | ıment Number) |) |
| Certified Copies | Certificate | s of Status |
| Special Instructions to Fi | ling Officer: | |
| | | |
| | | |
| WIS | 45/0 | |

Office Use Only



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COVER LETTER

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

| The Seeds for Global Change, Inc. SUBJECT: | | | | | | | |
|---|---|--------------------------------------|--|--|--|--|--|
| | (PROPOSED CORPO | PRATE NAME – <u>MUST IN</u> | CLUDE SUFFIX) | | | | |
| | | | | | | | |
| | | | | | | | |
| Enclosed is an original a | 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 CO | PY REQUIRED | | | | |
| | | | | | | | |
| Ms. Peggy Johnson FROM: | | | | | | | |
| | Nam | _ | | | | | |
| 600 Ironwood Drive, Unit 615 | | | | | | | |
| | | - | | | | | |
| | | | | | | | |
| City, State & Zip | | | | | | | |

(904) 710-7349

petuniapatchjx@aol.com

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

E-mail address: (to be used for future annual report notification)

Daytime Telephone number



July 2, 2015

. iv.

MS. PEGGY JOHNSON 600 IRONWOOD DRIVE, UNIT 615 PONTE VEDRA BEACH, FL 32082

SUBJECT: THE SEEDS FOR CHANGE, INC.

Ref. Number: W15000045105

We have received your document for THE SEEDS FOR CHANGE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 715A00013937

ARTICLES OF INCORPORATION

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

| APPHOVEL FILED |
|-------------------|
| HLED |

| <u>4</u> | <u>RTI</u> | CLE | <u>: I</u> | | <u>NA</u> | <u>M</u> . | <u>E</u> |
|----------|------------|-----|------------|-----|-----------|------------|----------|
| T | he n | ame | οf | the | COL | noi | ra: |

name of the corporation shall be: ______ The Seeds For Global Change, Inc.

| <u>ARTICLE II</u> | PRINCIPAL OFFICE | | 13 JUL 23 PM 1: | 24 |
|----------------------------|---|------------------------|---|----------|
| 600 I | Principal <u>street</u> address: ronwood Drive, Unit 615 | | Mailing address, if diffEGAE [ARY OF STA | TE De |
| Ponte | e Vedra, FL 32082 | | | |
| | | | | |
| ARTICLE III The numose for | PURPOSE or which the corporation is organized is: | The Corporation is o | organized exclusively for charitable, educational, and | |
| | · | ns to organizations | that qualify as exempt under section 501(c)(3) of the | |
| Internal Rever | nue Code. No part of the net earnings of t | he Corporation shal | l inure to the benefit of, or be distributable to its men | nber |
| trustees, office | ers, or other private persons, except the Co | orporation may pay | reasonable compensation for services rendered in | |
| furtherance of | its purpose. No substantial part of the ac | tivities shall consist | of the carrying on of propaganda or otherwise | |
| attempting to i | influence legislation. Upon winding up a | nd dissolution of the | : Corporation, the assets of the Corporation remainin | g |
| | of all debts shall be distributed to an exer | | • | |
| ARTICLE V | INITIAL OFFICERS AND/OR DIREC | CTORS | | |
| Name and Title | Peggy Johnson, President and CEO | Name and Title | Jill Kestner, Secretary | |
| Address | 600 Ironwood Drive Unit 615 | Address: | 600 Ironwood Drive Unit 615 | |
| 71001033 | Ponte Vedra Beach, FL 32082 | | Ponte Vedra Beach, FL 32082 | |
| Name and Title | Mark Snipes, Treasurer | Name and Title | · | |
| | 600 Ironwood Drive Unit 615 | Address: | | |
| | Ponte Vedra Beach, FL 32082 | | | |
| Name and Title | · | | : | |
| Address | | Address: | | |
| | | | | |

| Name and Title:_ | 1 | Name and Title: | APF TQVEL | | |
|---|---|---|--|--|--|
| Address | | Address: | AND C | | |
| | | _ | 18 JUL 23 PM 1: 24 | | |
| | | | | | |
| Name and Title:_ | | Name and Title: | SECRETARY OF STATE ALLAHASSEE FLORIDA | | |
| Address | | Address: | | | |
| | | _ | | | |
| - | | | | | |
| ARTICLE VI | REGISTERED AGENT | | | | |
| | orida street address (P.O. Box NOT accep | table) of the registe | red agent is: | | |
| Name: | Peggy Johnson | | | | |
| Address: | 600 Ironwood Drive Unit | 615 | | | |
| | Ponte Vedra Beach, FL 3 | 2082 | | | |
| | | | | | |
| | INCORPORATOR Idress of the Incorporator is: | | | | |
| Name: | Peggy Johnson | | | | |
| Address: | 600 Ironwood Drive Unit 615 | | | | |
| | Ponte Vedra Beach, FL 3 | 2082 | | | |
| | EFFECTIVE DATE: | | (OWELONAL) | | |
| | other than the date of filing: ate is listed, the date must be specific and | | (OPTIONAL) than five business days prior or 90 business days | | |
| Note: If the date | inserted in this block does not meet the app tive date on the Department of State's recor | | ling requirements, this date will not be listed as the | | |
| | ned as registered agent to accept service of miliar with and accept the appointment as | | above stated corporation at the place designated in this and agree to act in this capacity | | |
| | DAM DE | | le/16/15 | | |
| | Required Signature of Registered | | Date | | |
| I submit this docu to the Department | meht and affirm that the facts stated herei t of State constitutes a lhipd degree felony a | n are true. I am aw s provided for in s. | vare that any false information submitted in a document 817.155, F.S. | | |
| Mac | M. Allen | _ | 6/16/16 | | |
| | Required Signature of Incorp | orator | Date | | |
| • • | / / | | | | |