

N1600001/996

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

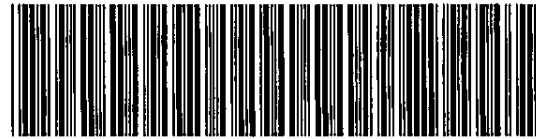
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 DEC 16 PM 12:14

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V HERRING
DEC 19 2016

COVER LETTER

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

SUBJECT: MISSION NATION, 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: ROBERT J. SCUDIERI

Name (Printed or typed)

1795 LEAMINGTON LANE

Address

NAPLES, FL 34109

City, State & Zip

239-597-4291

Daytime Telephone number

BSCUDIERI@GMAIL.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

The name of the corporation shall be: MISSION NATION, INC.

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ARTICLE II PRINCIPAL OFFICE

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Principal street address:
1795 LEAMINGTON LANE
NAPLES, FL 34109

Mailing address, if different is: COURTNEY OF STATE
ALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____
The Corporation is organized and shall be operated exclusively for religious purposes. In particular, the purpose of the Corporation is to give a voice to missionaries to America, advancing the missionaries' goals by publishing books and articles on Christian mission and articles on Christian missionaries, a blog on our website that does the same, as well as sponsoring lectures.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: At annual meeting.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ROBERT J. SCUDIERI, President Name and Title: _____

Address: 1795 Leamington Lane Address: _____
Naples, FL 34109

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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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: ROBERT J. SCUDIERI

Address: 1795 Leamington Lane

NAPLES, FL 34109

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ROBERT J. SCUDIERI

Address: 1795 Leamington Lane

NAPLES, FL 34109

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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.)

Note: 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.

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

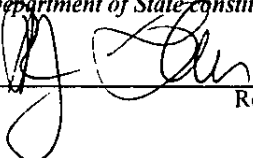


Required Signature of Registered Agent

Dec. 12, 2016

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

Dec. 12, 2016

Date