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COVER LETTER

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

SUBJECT: The Mustard Seed, 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: Rasheeda Fryson

Name (Printed or typed)

627 Ridge Road

Address

Tallahassee, FL 32301

City, State & Zip

(850) 443-0672

Daytime Telephone number

Rasheeda.fryson24@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:

The Mustard Seed Foundation, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

627 Ridge Road

Tallahassee, FL, 32301

ARTICLE III — PURPOSE

The purpose for which the corporation is organized is: A Community Connection Center

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

In the big-laws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Verricka Lamb-Director Name and Title: Stephanie Umah

Address	<u>16 Anderson Avenue</u>	Address:	<u>310 Wilson Green Blvd</u>
	<u>Tallahassee, FL 32333</u>		<u>Tallahassee, FL 32305</u>
	<u>(1) Director</u>		<u>(Officer)</u>

Name and Title: Tenicia Colvin Name and Title: _____
Address 20 Payne Street Address: _____
Cantonville, FL 33327
(05 miles)

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: Colin N Edwards
Address: 5318 Morning Dawn Dr.
Tallahassee, FL 32303

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Colin N Edwards
Address: 5318 Morning Dawn Dr.
Tallahassee, FL 32303

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 08/19/2019 (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

Colin N Edwards
Required Signature of Registered Agent

08/19/2019
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.

Colin N Edwards
Required Signature of Incorporator

08/19/2019
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED