

N19000008718

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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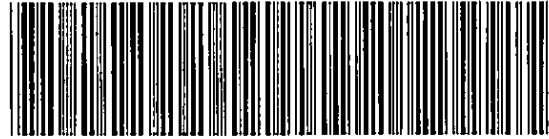
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

In the by-laws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Verricka Lamb-Director

Address: 16 Anderson Avenue

Tallahassee, FL 32303
(Director)

Name and Title: Tenicia Colvin

Address: 20 Payne Street

Crawfordville, FL 32327
(Officer)

Name and Title: _____

Address: _____

Name and Title: Stephanie Omah

Address: 310 Wilson Green Blvd

Tallahassee, FL 32305
(Officer)

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

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

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TALLAHASSEE, FLORIDA

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:

Colvin 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.

Colvin Edwards
Required Signature of Incorporator

08/19/2019
Date