

N20000006863

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

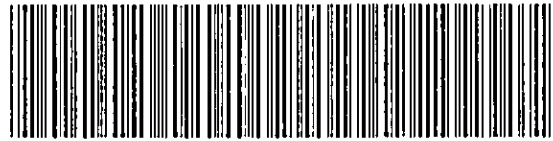
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

N20-64390

Office Use Only



400346621284

06/23/20--01002--020 **87.50

FILED
2020 JUL 24 PM 4:28
MILWAUKEE

2020 JUL 23 PM 2:48

725 7820

27

COVER LETTER

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

SUBJECT: Treasures In The Earth International Center 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: AeRiell Levi D. Clary

Name (Printed or typed)

4759 Orchid Drive

Address

Tallahassee, FL, 32305

City, State & Zip

850-400-3833

Daytime Telephone number

levidalion@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: Treasures In The Earth International Center Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

4759 Orchid Drive

Tallahassee, FL 32305

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: A spiritual organization creating a verity of different worship experiences and other community services for people from all walks of life.

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

As Stated in the Bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr. AeRi'ell Levi D. Clary, CEO

Address: 4759 Orchid Drive
Tallahassee, FL, 32305

Name and Title: Wilbur J. Blair, S

Address: 839 Sunridge Road
Tallahassee, FL, 32305

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

FILED

2020 JUL 24 PM 4:28

FILED

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: AeRi'ell Levi D. Clary
Address: 4759 Orchid Drive
Tallahassee, FL, 32305

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: AeRi'ell Levi D. Clary
Address: 4759 Orchid Drive
Tallahassee, FL, 32305

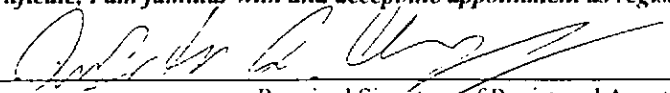
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 06/23/2020. (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.)

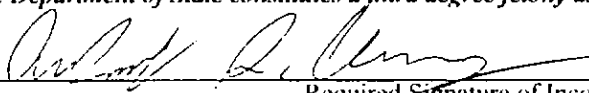
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

06/23/2020
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

06/23/2020
Date