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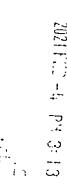
(Re	equestor's Name)			
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COVER LETTER

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

SUBJECT:	The	Least	र्ज	These_	Cotop	Inc	
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFI						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

፟ \$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Chris Paulson
Name (Printed or typed)

95141 Gladiolus Place

Fernandina Beach, F1 32034

(904) 342 - 3670 Daytime Telephone number

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)

The name of the corporation shall be: The	Least of	These	<u>Co-Op</u>	Inc
ARTICLE II PRINCIPAL OFFICE				
Principal street address:		Mailing add	ress, if different is:	
95141 Gladiclus	PI		·	
Fernandina Beach	, FL 32034			
ARTICLE III PURPOSE The purpose for which the corporation is organic	and is: The	20.2.1.20		٠. ا
The purpose for which the corporation is organi		·	\mathcal{I}	
exclusively for char				
Scientific purposes	~	_		
shelter, clothing, food	, counseling,	health and	wellness	needs,
rehabilitation survices, o	und other bas	ic human	needs that	their
otherwise would not				~
According to be	J-laws			
Name and Title: Dic Chris Par	Name and Tit	le: <u>Dir Tom</u>	Canazon	_
Address 95141 Gladiolus	Address:	12065 P	rospect Cree	∠k Dr.
Fernandina Beac	h, FL 32034	Jacksonvill	e, Fl 32	218
Name and Title: Dir. Fernando 1	Mala (afa Name and Tit	le:		_
Address 45323 Snapdras	en Dr. Address:			
Fernandina Bear	,			
	,			1_
Name and Title:	Name and Tit	le:		_ - 한 ::#
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Address	Address:		14.	_
				

Name and Title:_		Name and Title:		
Address		Address:		
_				
Address		Address:	<u> </u>	
			·	
_				
	REGISTERED AGENT orida street address (P.O. Box NOT acc	eptable) of the registered agent is:	:	
Name:	Chris Paulson	-		
Address:	95141 Gladielus PI	37034		
	Fernandina Beach, FL	32034		
	INCORPORATOR dress of the Incorporator is:			
Name:	Chris Paulson			
Address:	95141 Gladiolus Pl.		20211:	3 3
	Fernandina Beach,	FL 32034		
ARTICLE VIII Effective date, if	EFFECTIVE DATE: other than the date of filing:	(OPTIC	ے۔ TONAL) :	
(If an effective d	ate is listed, the date must be specific	and cannot be more than five d	lays prior or 90 days after the ట	filing.)
	inserted in this block does not meet the ive date on the Department of State's re		ements, this date will not be liste	ed as the
	ned as registered agent to accept service amiliar with and accept the appointment Required Signature of Registere	as registered agent and agree to		
	Required Signature of Registere	d Agent	Date	
	ment and affirm that the facts stated her State constitutes a third degree felony a	ein are true. I am aware that any	false information submitted in a	document to
	Yall		1/26/2021	
	Required Signature of Inco	orporator	Date	