N2100013457

(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:						
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)					
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)					
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Mudiess)					
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)					
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status						
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(City/State/Zip/Phone #)					
(Document Number) Certified Copies Certificates of Status	PICK-UP WAIT MAIL					
(Document Number) Certified Copies Certificates of Status						
Certified Copies Certificates of Status	(Business Entity Name)					
Certified Copies Certificates of Status	(Document Number)					
	(5551)					
Special Instructions to Filing Officer:	Certified Copies Certificates of Status					
Special Instructions to Filing Officer:						
	Special Instructions to Filing Officer:					

Office Use Only



900376433859

11/15/21--01040--022 **78.75





ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

The name of the o	corporation shall be: TRADITIONAL QA	JAQERS OF THE	SOUTH INC.	
	PRINCIPAL OFFICE			
	Principal <u>street</u> address: / 210TH AVE	14	Mailing address, if different is: NW 210TH AVE,	
	ELLON, FLORIDA 34431		INNELLON, FLORIDA 34431	
MARION		MA	MARION	
-	PURPOSE which the corporation is organized is: iditions, techniques and development of			
ARTICLE IV	MANNER OF ELECTION The man	ner in which the dir	ectors are elected and appointed: BY LAV	VS
7111700011				_
ARTICLE V	INITIAL OFFICERS AND/OR DIREC	CTORS		
Name and Title	Edward Mann (DIRECTOR)	Name and Titl	e: Beverly Cosslett (DIRECTOR)	_
Address		Address:	1671 Valley Oak Rd,	_
	Dunnellon FL 34431		Johns Island SC 29455	_
NI JTW	: Dorsey Demaster (DIRECTOR)	Name and Titl	le:	-
	8206 N Dandelion Way,			- > ~
Address	Citrus Springs FL 34433	Address.	ALC I	P::: 021 NO)
				- 5
Name and Title	:			
Address		Address:	77-17-1 	_ 39 _

Name and Title:	<u></u>	Name and Title:	
Address		Address:	
Name and Title:		Name and Title:	
Address		Address:	
			<u></u> .
ARTICLE VI	REGISTERED AGENT		
The name and l	Florida street address (P.O. Box NOT ac	ceptable) of the registered agent is:	
Name:	EDWARD MANN		
Address:	14 NW 210TH AVE	<u> </u>	
	DUNNELLON 34431		202 SE
			ACREA TO THE
	INCORPORATOR address of the Incorporator is:		SECKE VIEW
			., - •
Name:	LOVETTE DOBSON		
Address:	17350 STATE HWY 249 #220		7: 39
	HOUSTON, TX 77064		: (b
ARTICLE VIII	EFFECTIVE DATE:		
Effective date,	if other than the date of filing: date is listed, the date must be specific	and cannot be more than five days prio	or or 90 days after the filing.)
(II all circums	The state of the s		
Note: If the da document's effe	te inserted in this block does not meet the ective date on the Department of State's re	applicable statutory filing requirements, tecords.	his date will not be listed as the
Havina heen n	amed as registered agent to accept servi	ce of process for the above stated corpor	ation at the place designated in thi
certificate, I am	a familiar with and accept the appointmen	it as registered agent and agree to act in th	iis capacity
	Edward	Mann	11/09/2021
	Required Signature of Register	red Agent	Date
I submit this do	ocument and affirm that the facts stated h ent of State constitutes a third degree felo	crein are true. I am aware that any false i ny as provided for in s.817.155, F.S.	nformation submitted in a documen
•	$ \mathcal{Q} \longrightarrow \mathbb{R}^{n} $		11/09/2021
	Howatte Dobsov Required Signature of In-	corporator	Date