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TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** The Treasure House International 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:** AeRi'ell Levi D. CLary  
\_\_\_\_\_  
Name (Printed or typed)

4759 Orchid Drive  
\_\_\_\_\_  
Address

Tallahassee, FL  
\_\_\_\_\_  
City, State & Zip

850-692-9713  
\_\_\_\_\_  
Daytime Telephone number

thetreasurehouseint@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 Treasure House International INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
4759 Orchid Drive

Tallahassee, FL, 32305

Mailing address, if different is:

4759 Orchid Drive

Tallahassee, FL, 32305

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: A Ministry/Organizations for christian education,

provide worship services, as well as assist in community development and projects. To help our community

to grow spiritually, emotionally and physically.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: Executive Board

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: AeRiell Levi D. Clary, CEO, President

Address: 4759 Orchid Drive

Tallahassee, FL, 32305

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: Teresa Ann Clary, Vice President,

Address: 839 Sunridge Road

Tallahassee, FL, 32305

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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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: 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

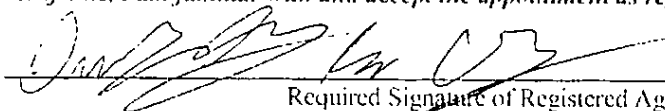
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 12/01/2021 (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.)

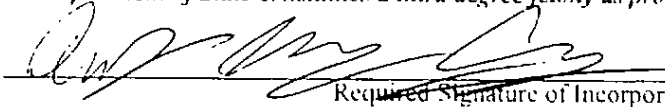
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

12/01/21  
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

12/01/21  
Date