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(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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W21000160129						

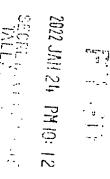
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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 21, 2021

TIARA MORRISON 5525 MAHALIA DR JACKSONVILLE, FL 32209

SUBJECT: SEASONS OF GIVING INCORPORATED

Ref. Number: W21000160729

We have received your document for SEASONS OF GIVING INCORPORATED and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The State of Florida requires nonprofit organizations to have three directors. There are only two stated in the Articles of Incorporation.

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Kare Lovelace 1 g story Specialist II

Letter Number: 621A00030833

here as 3 listed. Please Look at the sheet again. I number them a FEE &

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

The name of the corporation shall be: Seasons of Grune Incorporated	
ARTICLE II PRINCIPAL OFFICE	
Principal street address: Mailing address, if different is:	
5525 Mahalia Drive	
Jacksonville, fl 32209	
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Seasons of giving is devoted to making	
a difference in the community the will be providing quality programs to assist	
and empower Men, Women, and children that are below the city poverty leve	}
in the community. This organization will serve the community by otsering Imancia	i
it) Education, Wellness hygiene, resume writing, interview skills, and basic	
resources for living. I will be hosting food prives and teen summits.	
ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Appointed	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	•
Name and Title: Trava Morrison - Executive Director Name and Title: Touylor Sanders - Assistant Mirector) tL
Address 5525 Mahale Drive Address: 5525 Mahala Drive	
Jacksonville, Fl 32209 Jacksonville, Fl 32209	
Name and Title: Tyler Sanders - Treasure Name and Title: 12/14	
Address 5525 Mahalia Drive Address:	
JACKSONVIlle, FL 32209	
Name and Title: N/M Name and Title: N/M	
Address: Address:	
D one	

COVER LETTER

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

SUBJECT: Seasons of Giving Incorporated
(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

□⊅/0·/>

\$87.50

Filing Fee & Certified Copy

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Tiara Morrison
Name (Printed or typed)

DZ JAH Z4 PN 10: 12 FORE ASSISSED FOR E 5525 Mahalia Drive

JAX Flori Da 32209 City, State & Zip

904-245-9718

Daytime Telephone number

Seasons of averaging jox @ amail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

Name and Title:	NA	Name and Title:	N/A		_
Address		Address:	<u> </u>		
			<u> </u>		_ _
					<u></u>
					
lame and Title:	NA	Name and Title:	N_/r	 _	_
ddress		Address:	·-·-		<u> </u>
		_			
RTICLE VIR	REGISTERED AGENT		•	•	
he name and Flo	rida street address (P.O. Box NOT ac	eceptable) of the register	ed agent is:		
Name:	Jiana Morrison				
Address:	5525 Mahalia I	Drive			
	Jacksonville fl 3	32209			
					
	INCORPORATOR			7.7 0∃S	2022
The <u>name and add</u>	iress of the Incorporator is:			L RE	5 71
Name:	Mara Morrison	<u> </u>		25	F 4 1. 2022 JAN 24
Address:	5525 Mahalia	Drive			eres.
	Jacksonville, fl3	57209			PN 10: 12
	,	· 			
200 million days if a	EFFECTIVE DATE: other than the date of filing: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1506	(OPTIONAL)	٠,	
If an effective da	ite is listed, the date must be specific	c and cannot be more	than five days prior	or 90 days a	fter the filing.)
Note: If the date i	inserted in this block does not meet th ive date on the Department of State's	e applicable statutory fi records.	ling requirements, th	is date will no	ot be listed as the
\wedge		ing of process for the c	have stated comparet	ion at the pla	nce designated in this
Having been nam certificate I am fa	ed as registered agent to accept serve miliar with and accept the appointmen	ice of process for the a nt as registered agent ar	id agree to act in this	capacity	
\mathcal{A}_{-}	$-\Gamma(()\Lambda\lambda DV$	\ 1			2021
\\ <u>\</u>	Required Signature of Registe	ered Agent		12 - 3 - Dat	te
Suhmit this docal	ment and affirm that the facts stated h		re that any false info	rmation subm	itted in a document to
he Department of	State constitutes afthird degrée felony	as provided for in s.81	7.155, F.S.		
+	- TI()/herr	\searrow		12-3- Da	2021
	Required Signature of In	ncorporator	_	Da	ite