

W22000000851

(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:

W21000160129

Office Use Only



800375812558

12/20/21--01042--003 ++87.51

[Signature]
2/2/22

FILED
2022 JAN 24 PM 10:12
SECURITY DIVISION
TALLAHASSEE, FL 32311



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
Filing History Specialist II

Letter Number: 621A00030833

** here is 3 listed. Please Look at the sheet again. I number them.*

RECEIVED
JAN 21 2022
10:00 AM
FILING HISTORY

2022 JAN 21 PM 10:12
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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

ARTICLE I NAME

The name of the corporation shall be: Seasons of Giving 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. We will be providing quality programs to assist and empower Men, Women, and children that are below the city poverty level in the community. This organization will serve the community by offering financial (credit) Education, Wellness, hygiene, resume writing, interview skills, and basic resources for living. I will be hosting food drives 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: Tiara Morrison - Executive Director ①

Address: 5525 Mahalia Drive
Jacksonville, FL 32209

Name and Title: Taylor Sanders - Assistant Director ②

Address: 5525 Mahalia Drive
Jacksonville, FL 32209

Name and Title: Tyler Sanders - Treasurer ③

Address: 5525 Mahalia Drive
Jacksonville, FL 32209

Name and Title: N/A

Name and Title: N/A

Address:

Name and Title: N/A

Address:

2022 JAN 24 PM 10:12
SECRETARY
TALIAFERRO, JESSICA

FILED

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
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Tiara Morrison
Name (Printed or typed)

5525 Mahalia Drive
Address

Jax, Florida 32209
City, State & Zip

904-245-9718
Daytime Telephone number

Seasonsof giving jax@gmail.com
E-mail address: (to be used for future annual report notification)

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

FILED

2022 JAN 24 PM 10:12

SECRETARY OF STATE
TALLAHASSEE, FL

Name and Title: N/A Name and Title: N/A

Address: _____ Address: _____

Name and Title: N/A Name and Title: N/A

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Tiara Morrison

Address: 5525 Mahalia Drive
Jacksonville, FL 32209

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Tiara Morrison

Address: 5525 Mahalia Drive
Jacksonville, FL 32209

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2022 JAN 24 PM 10:12
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 12-3-2021 (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

[Signature]
Required Signature of Registered Agent

12-3-2021
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.

[Signature]
Required Signature of Incorporator

12-3-2021
Date