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**T. SCOTT**

**FEB 09 2022**

## COVER LETTER

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

**SUBJECT:** A Seat at the Table, 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:** Kenny Manning  
\_\_\_\_\_  
Name (Printed or typed)

8406 Gabby Lane  
\_\_\_\_\_  
Address

Tallahassee, FL 32305  
\_\_\_\_\_  
City, State & Zip

(850) 545-5982  
\_\_\_\_\_  
Daytime Telephone number

kmann0510@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: A Seat at the Table, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

8406 Gabby Lane

Tallahassee, FL 32305

Mailing address, if different is:

8406 Gabby Lane

Tallahassee, FL 32305

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

The purpose of business is to conduct Community Outreach Services.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: Appoint Directors

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

Name and Title: Kenny Manning *P*

Address: 8406 Gabby Lane

Tallahassee, FL 32305

Name and Title: Robert Manning *P*

Address: 8406 Gabby Lane

Tallahassee, FL 32305

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

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

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

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

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

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

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

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

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: Kenny Manning

Address: 8406 Gabby Lane

Tallahassee, FL 32305

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Kenny Manning

Address: 8406 Gabby Lane

Tallahassee, FL 32305


**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 02/09/22 (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

02/09/22  
\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
02/09/22