

N 22000611199

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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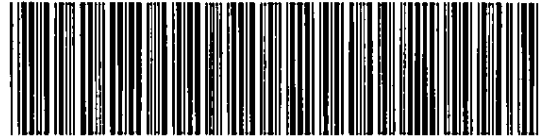
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

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

**SUBJECT:** Guiding Spirit Organic Garden 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:** Marissa Nollan

\_\_\_\_\_  
Name (Printed or typed)

3814 Wiggins Leaf St

\_\_\_\_\_  
Address

Tampa, Florida 33619

\_\_\_\_\_  
City, State & Zip

813-244-7621

\_\_\_\_\_  
Daytime Telephone number

marnold@guidingspiritorganicgarden.com

E-mail address: (to be used for future annual report notification)

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

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

**ARTICLE I NAME**

The name of the corporation shall be: Guiding Spirit Organic Garden Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address:

3814 Wiggins Leaf St

Tampa, Fl

33619

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Guiding Spirit Organic Garden promotes and supports community

accessible gardening. Teaching sustainable methods to improve food insecurity, water conservation, organic pesticides and

fertilization. Empowering mind, body and spirit.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: \_\_\_\_\_

The officers shall be appointed from the Planning Committee by the Planning Committee

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

Name and Title: Mikaela Arnold- President and CEO

Address: 3814 Wiggins Leaf St

Tampa, Fl 33619

Name and Title: Marissa Nollan- Vice President

Address: 3814 Wiggins Leaf St

Tampa, Fl 33619

Name and Title: Rose Gonzalez- Secretary

Address: 5100 Burchette Rd

Tampa Fl 33647

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: Marissa Nollan \_\_\_\_\_

Address: 3814 Wiggins Leaf St \_\_\_\_\_

Tampa, Fl 33619 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Mikaela Arnold \_\_\_\_\_

Address: 3814 Wiggins Leaf St \_\_\_\_\_

Tampa, Fl 33619 \_\_\_\_\_

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 9-14-2022 (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

9-14-2022  
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

9-14-2022  
Date

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CLERK OF STATE  
TAMPA, FL