## 12300002681

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

Office Use Only



500402883545

2023 FEB 22 AM 3: 32

D. O'KEEFEMAR 1 3 2023

February 10, 2023

Re:

Florida Division of Corporations P.O. Box 6327 Tallahassee, FL 32314-6327

The Lone Magnolia Foundation, Inc.

To Whom It May Concern:

Enclosed please find the following:

- Articles of Incorporation (Not For Profit); and
- A check for \$78.75 for the filing fees payable to Florida Division of Corporations; and
- A pre-addressed return envelope. Please use it to return the filed documents to me.

If you have any questions or concerns regarding this filing, I can be reached at 800-706-4741 or aphillips@andersonadvisors.com.

Thank you,

Amanda Phillips

## **COVER LETTER**

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

The Lone Magr	nolia Foundation, Inc.				
30DJEC1	(PROPOSED CORP	ORATE NAME – <u>MUST IN</u>	CLUDE SUFFIX)		
Enclosed is an original and	l one (1) copy of the Ar	ticles of Incorporation and	a check for:		
□ \$70.00	<b>\$78.75</b>	□\$78.75	□ \$87.50		
Filing Fee	Filing Fee &	Filing Fee	Filing Fee,		
Timing Fee	Certificate of	& Certified Copy	Certified Copy		
	Status	a comme copy	& Certificate		
		ADDITIONAL CO	PY REQUIRED		
FROM:	manda Phillips				
TROWL	Name (Printed or typed)				
3	225 McLeod Drive, Suite 1	00			

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

Las Vegas, Nevada 89121

ra@andersonadvisors.com

8007064741

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

Address

City, State & Zip

Daytime Telephone number

## ARTICLES OF INCORPORATION

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

625 E						
625 E	Principal street address:		Mailing address, if different is:			
	625 E. Twiggs Street, Suite 110		150 SE 116th Terrace			
Татр	a, Florida 33602	Williston, Florida 32696				
	PURPOSE  r which the corporation is organized is:  s, and other individuals by providing finance					
supplemental s	ervices needed.					
	-					
ARTICLE IV	MANNER OF ELECTION The manne					
ARTICLE V	INITIAL OF FICERS AND/OR DIRECT	<u>'ORS</u>		_		
	James S. Roderick - President, Director	ORS  Name and Titl	Stacy D. Roderick - VP, Treasurer, Director	_		
ARTICLE V  Name and Title		Name and Titl	e:  Stacy D. Roderick - VP, Treasurer, Director 625 E. Twiggs Street, Suite 110	_		
Name and Title	James S. Roderick - President, Director		e:	<b>-</b> 		
Name and Title	James S. Roderick - President, Director 625 E. Twiggs Street, Suite 110  Tampa, FL 33602	Name and Titl Address:	625 E. Twiggs Street, Suite 110  Tampa, FL 33602	<b>-</b>		
Name and Title Address Name and Title	James S. Roderick - President, Director 625 E. Twiggs Street, Suite 110  Tampa, FL 33602	Name and Titl Address:  Name and Title	625 E. Twiggs Street, Suite 110	<b>-</b>		
Name and Title Address Name and Title	James S. Roderick - President, Director 625 E. Twiggs Street, Suite 110 Tampa, FL 33602 Stephanic Escobar - Secretary, Director	Name and Titl Address:	625 E. Twiggs Street, Suite 110  Tampa, FL 33602	2023		
Name and Title	James S. Roderick - President, Director 625 E. Twiggs Street, Suite 110  Tampa, FL 33602  Stephanie Escobar - Secretary, Director 625 E. Twiggs Street, Suite 110	Name and Titl Address:  Name and Title	625 E. Twiggs Street, Suite 110  Tampa, FL 33602	2023 FEB		
Name and Title Address  Name and Title Address	James S. Roderick - President, Director 625 E. Twiggs Street, Suite 110  Tampa, FL 33602  Stephanie Escobar - Secretary, Director 625 E. Twiggs Street, Suite 110	Name and Titl Address:  Name and Titl Name and Titl Address:	625 E. Twiggs Street, Suite 110  Tampa, FL 33602	2023 FE		

Name and Title	: <u> </u>	Name and Title:			
Address		Address:			
		_			
Name and Title	;; <u> </u>	Name and Title:			
Address		Address:			
				_	
ARTICLE VI The name and	<u>REGISTERED AGENT</u> Florida street address (P.O. Box <b>NO</b> T acc	eptable) of the registered agent	is:		
Name:	Anderson Registered Agents, Inc.				
Address:	625 E. Twiggs Street, Suite 110				
7 con esc.	Tampa, FL 33602		A	2023	
	INCORPORATOR address of the Incorporator is:		AIL AHASSEL FI TOPH	2023 FEB 22	
Name:	Amanda Phillips		<u></u> .	AH	T T
Address:	3225 McLeod Drive, Suite 100		- ( 	် - သ	-
	Las Vegas, NV 89121		<del></del>		
ARTICLE VIII	I <u>EFFECTIVE DATE:</u>				
	if other than the date of filing: date is listed, the date must be specific :		TONAL) e days prior or 90 days a	after the fi	iting.)
	te inserted in this block does not meet the ective date on the Department of State's re		uirements, this date will no	ot be listec	d as the
Having been n certificate, I am	amed as registered agent to accept service of familiar with and accept the appointment	e of process for the above sta as registered agent and agree	sted corporation at the plo to act in this capacity	ace design	ated in this
Required Signature of Registered Agent			02/10/2023		
	Required Signature of Registere	d Agent	Da	ite	
I submit this do the Department	cument and affirm that the facts stated her of State constitutes a third degree felony a	ein are true. I am aware that a s provided for in s.817.155, F.	ny false information subm S.	ritted in a c	document to
	amanda Phillips		02/10/2023		
Required Signature of Incorporator			Da	ate	