N23000003385

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

Office Use Only



300404496023

S. CHATHAM
NAR LY 223-10100: -002 +*87.50



OBENTONN THE KATIONS

2023 MAR 29 PM 2: 18 2023

2023 MAR 29 PH 3: 40 SECTION OF STATE しつので気の

COVER LETTER

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

SUBJECT: SHELLHHAYKEE TRIBAL NATION 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

∃\$78.75

Filing Fee & Certified Copy \$87.50

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Arnold Denard Snelling
Name (Printed or typed)

11537 Montego Bay Jr. W.

Jacksonville Florida 32218

(904) 428-658 Daytime Telephone number

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

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

The name of the corporation shall be: SHELLNHA	YKEE TRIBAL diATION INC.
ARTICLE II PRINCIPAL OFFICE	•
Principal street address:	Mailing address, if different is:
11537 Montego Bay Da	. <i>N</i> .
Jacksonville, FL 32218	SAME
ARTICLE HI PURPOSE	Of all Fill and I down
	OSCIA Ecclesiastical plone
Prairie organization	
	<u> </u>
	77 9 <u>1</u>
	중요 구 14 ※ 약 · ·
	<u> </u>
ARTICLE IV MANNER OF ELECTION The manner	in which the directors are elected and appointed:
ARTICLE V INITIAL OFFICERS AND/OR DIRECTO	<u>RS</u>
Name and Title: Anold Spelling	Name and Title: Jael EL
Address 11537 Montego Baylo	Address 4149 Bloxham Cutoff Rd
Address 11537 Montego Baylor Jaul Conville, 76 32218	Crawfordy: 1/c, fl 32327
Cheif Minister	Tribe Minister
Name and Title: LEE RICHARDSON	Name and Title:
Address 3549 Marland St.	Address:
Jacksonville FL 32209	
Tribal Deacon	
Name and Title: <u>Bonald Simpkin</u>	Name and Title:
· ·	Address:
Juckspayille 51, 3220	

Name and Title:	Name and Title:	
Address	Address:	
Name and Title:	Name and Title:	
Address	Address:	
		
		-
ARTICLE VI REGISTERED AGENT	<u>r</u> O. Box NOT acceptable) of the registered agent is:	
1	nard Snelling	2 (
Address: 11537 Me	entego Bay Sow	123 H
	e FL 32218	AR 29
OFFICE FULL INCORDED STOR		SSE PH
The name and address of the Incorporator		ာ္သည္
Name: Arada	renard Snelling	
\ddress: <u>[1537 Ma</u>	entego Bay Se. W	
Jacksonvi	ontego Bay Dr. w) 11e, FL 32218	
ARTICLE VIII EFFECTIVE DATE: I fective date, if other than the date of fill III an effective date is listed, the date m	ing: (OPTIONAL) rust be specific and cannot be more than five days pri	ior or 90 days after the filing.)
Note: If the date inserted in this block do document's effective date on the Departit	pes not meet the applicable statutory filing requirements, nent of State's records.	this date will not be listed as the
	to accept service of process for the above stated corpo the appointment as registered agent and agree to act in th	
And Required Signa	ature of Registered Agent	March 29, 2023
I submit this document and affirm that the	e facts stated herein are true. I am aware that any false in d degree felony as provided for in s.817.155, F.S.	iformation submitted in a document to
And D. Required	Signature of Incorporator	March 29,2023