

N23000004003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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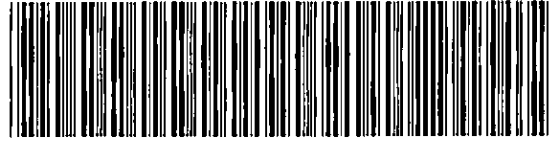
(Business Entity Name)

(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: LEEULABARKEE 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  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

FROM: LEE Richardson  
Name (Printed or typed)

3549 MARLAND ST  
Address

JACKSONVILLE FL 32209  
City, State & Zip

904-401-8022  
Daytime Telephone number

LEERICHARDSON 77@yahoo.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: LEEULABARKEE TRIBAL NATION INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

3549 MAELAND STREET  
JACKSONVILLE, FL 32209

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: 508C1A ECCLESIASTICAL NON-  
PROFIT ORGANIZATION

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JACKSONVILLE, FL

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: VOTE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LEE E. RICHARDSON

Address: 3549 MAELAND ST  
JACKSONVILLE, FL 32209  
CHIEF MINISTER

Name and Title: CARLOS B. BROWN

Address: 1428 BAHIA DRIVE  
TALLAHASSEE FL 32305  
TRIBAL DEACON

Name and Title: IEDA SHAKEMA WIGGINS

Address: 11334 CHERRY HILL RD  
UNIT 202 BELTSVILLE MD  
SECRETARY 20705

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

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

Name and Title: ARNOLD SNELLING

Address: 11537 MONTEGO BAY DR  
JACKSONVILLE, FLORIDA 32218  
Minister

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: Lee Richardson

Address: 3549 Marland St  
Jacksonville, FL 32209

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lee Richardson

Address: 3549 Marland St  
Jacksonville, FL 32209

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: \_\_\_\_\_ (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*

Lee E. Richardson  
Required Signature of Registered Agent

April 11/2023  
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.*

Lee E. Richardson  
Required Signature of Incorporator

April 11/2023  
Date

SECRETARY OF STATE  
FLORIDA

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