

N 23000004005

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

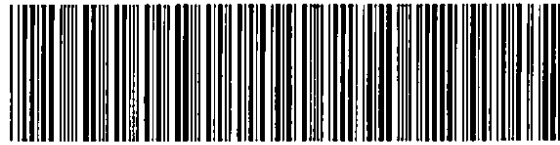
(Business Entity Name)

(Document Number)

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

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SEC. OF STATE  
TALLAHASSEE, FL

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: OPIONOLES 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: Ronald Moses Simpkins  
Name (Printed or typed)

1844 E. 22nd Street  
Address

JACKSONVILLE, FL 32200  
City, State & Zip

404 401-7213  
Daytime Telephone number

mosest44@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

Name of the corporation shall be: OPIONOLES TRIBAL NATION INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

1844 E. 22nd STREET  
Jacksonville, FL 32206

SAME

ARTICLE III PURPOSE

Purpose for which the corporation is organized is: 508C(a) ECCLESIASTICAL non  
PROFIT ORGANIZATION

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CLERK OF DISTRICT COURT  
JACKSONVILLE, FL

ARTICLE IV MANNER OF ELECTION

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

BY VOTE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RONALD SIMPINS Name and Title: RONALD JACKSON IV

Address: 1844 E 22nd STREET Address: 2525 NE 13th AVE  
JACKSONVILLE, FL 32206 GAINESVILLE FL 32641  
CHIEF MINISTER TRIBAL DEACON

Name and Title: ARNOLD SMITH Name and Title: \_\_\_\_\_

Address: 11537 MONTGOMERY DR W Address: \_\_\_\_\_  
JACKSONVILLE FL 32209  
MINISTER

Name and Title: LEE RICHARDSON Name and Title: \_\_\_\_\_

Address: 3549 MONTGOMERY DR Address: \_\_\_\_\_  
JACKSONVILLE FL 32209  
MINISTER

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

**ARTICLE VI REGISTERED AGENT**

Name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Ronald Moses Simpkins  
Address: 1844 E 22nd Street  
Jacksonville, FL 32206

SEAL OF THE STATE  
TALLAHASSEE, FLORIDA

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**ARTICLE VII INCORPORATOR**

Name and address of the Incorporator is:

Name: Ronald M. Simpkins  
Address: 1844 E 22nd Street  
Jacksonville, FL 32206

**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.)

If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the corporation's effective date on the Department of State's records.

I have 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

Ronald M. Simpkins  
Required Signature of Registered Agent

APR 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.

Ronald M. Simpkins  
Required Signature of Incorporator

APR 11, 2023  
Date