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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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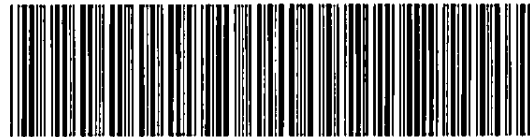
(Business Entry Name)

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*[Handwritten signature]*

## COVER LETTER

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

SUBJECT: AK-NUKACHEE TRIBAL NATION  
(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: Jermaine Thomas  
Name (Printed or typed)

4149 Bloxham Cutoff Road  
Address

Crawfordville, Florida 32327  
City, State & Zip

754-229-0689  
Daytime Telephone number

ak-nukacheetribe@protonmail.ch  
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: AK-NUKHACHEE TRIBAL NATION inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
4149 Bloxham Cutoff Road

Mailing address, if different is:

Crawfordville, Florida 32327

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: 508(c)(1)(a) Faith-Based Religious Organization

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: Appointed

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

Name and Title:	<u>Jermaine Thomas - President</u>	Name and Title:	<u>Tamaria Thomas - President</u>
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Address	<u>4149 Bloxham Cutoff Road</u>	Address:	<u>4149 Bloxham Cutoff Road</u>
	<u>Crawfordville, Florida 32327</u>		<u>Crawfordville, Florida 32327</u>

Name and Title:	<u>Jael ilib El - President</u>	Name and Title:	<u>Shundiin Azdsaa El - President</u>
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Address	<u>4149 Bloxham Cutoff Road</u>	Address:	<u>4149 Bloxham Cutoff Road</u>
	<u>Crawfordville, Florida 32327</u>		<u>Crawfordville, Florida 32327</u>

Name and Title:	<u>Jermaine Thomas II - Vice President</u>	Name and Title:	<u>Claudia Harris - Vice President</u>
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Address	<u>10695 S.W. 172nd</u>	Address:	<u>5094 N.W. Fawn Street</u>
	<u>Miami, Florida 33157</u>		<u>Port Saint Lucie, Florida 34983</u>

2023 MAY - 3 APR 11: 19

Name and Title: Aesop El - Vice President

Address: 10695 S.W. 172nd Street  
Miami, Florida 33157

Name and Title: Sakina Tadla - Vice President

Address: 5094 N.W. Fawn Street  
Port Saint Lucie, Florida 34983

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

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

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

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

**ARTICLE VI REGISTERED AGENT**

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

Name: Jermaine Thomas  
Address: 4149 Bloxham Cutoff Road  
Crawfordville, Florida 32327

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Jermaine Thomas  
Address: 4149 Bloxham Cutoff Road  
Crawfordville, Florida

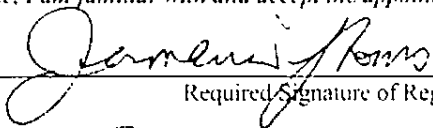
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: May 8, 2023, A.D. (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*

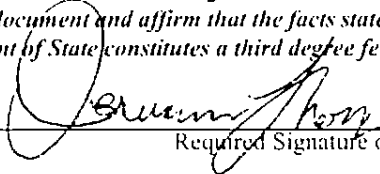


Required Signature of Registered Agent

May 8, 2023, A.D.

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

May 8, 2023, A.D.

Date

2023 MAY 8 AM 11:19  
STATE OF FLORIDA  
DEPARTMENT OF STATE