

N23000005602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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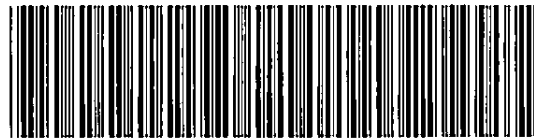
(Business Entity Name)

(Document Number)

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## COVER LETTER

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

SUBJECT: Bobby Vaccaro/CF Tribal Medical 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: Bobby LEE Ford  
Name (Printed or typed)

3887 Mission Drive  
Address

Jacksonville FL 32217  
City, State & Zip

216 534-3567  
Daytime Telephone number

Bobby Lee @ 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: Atsugochokee Tribal Nation Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

Mailing address, if different is:

3851 Mission Drive Unit 2  
Jacksonville FL 32217

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: 508(c)(1)(A)

**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: Atsug Lee Ford President

Address: 751 Williams St  
Macon GA 31201

Name and Title: Joseph Wilson Vice President

Address: 751 Williams St  
Macon GA 31201

Name and Title: Dwight James Secretary

Address: 751 Williams St  
Macon GA 31201

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: Betsy Lee Ford

Address: 3857 Mission Dr Unit 2  
Oak Hillsville FL 32217

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Betsy Lee Ford

Address: 751 Williams St  
Macomb LA 32101

**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

Betsy Lee Ford  
Required Signature of Registered Agent

05/08/23  
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.

Betsy Lee Ford  
Required Signature of Incorporator

05/08/23  
Date