

N2300000 6405

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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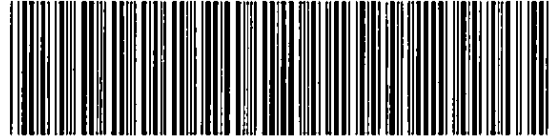
(Business Entity Name)

(Document Number)

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## COVER LETTER

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

SUBJECT: Pallaton Aquene Tribe 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: Donna Marie James  
Name (Printed or typed)

6457 Paragon Street  
Address

Jacksonville, FL 32219  
City, State & Zip

(904) 802-3172  
Daytime Telephone number

donna.wheeler13@gmail.com  
E-mail address: (to be used for future annual report notification)

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

**ARTICLE I NAME**

The name of the corporation shall be: Pallaton Aquatics Tribe INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

6457 Paragon Street  
Jacksonville, FL 32219

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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**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:	<u>Donna M. James</u>	Name and Title:	<u>Jayma A. Tukes</u>
Address	<u>6457 Paragon Street</u>	Address:	<u>1710 W 30th St.</u>
	<u>Jacksonville, FL 32219</u>		<u>Jacksonville, FL 32209</u>
	<u>President</u>		<u>Secretary</u>
Name and Title:	<u>Kenny L. James</u>	Name and Title:	
Address	<u>6457 Paragon Street</u>	Address:	
	<u>Jacksonville, FL 32219</u>		
	<u>Vice President</u>		
Name and Title:	<u>Tera A. Wheeler</u>	Name and Title:	
Address	<u>2581 Orion Street</u>	Address:	
	<u>Jacksonville, FL 32204</u>		

Name and Title: Danna M. Jones 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: Danna M. Jones

Address: 6457 Pargson St.  
JACKSONVILLE, FL 32219

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Danna M. Jones

Address: 6457 Pargson St.  
JACKSONVILLE, FL 32219

**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.

Danna M. Jones  
Required Signature of Registered Agent

May 25, 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.

Danna M. Jones May 25, 2023

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SOS