

N23000011857

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

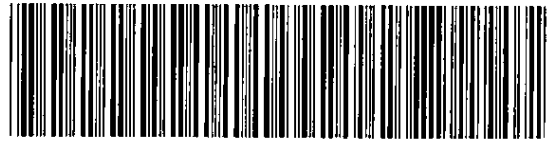
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA

COVER LETTER

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

SUBJECT: CATAWANEE 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: Crystal Suggs

Name (Printed or typed)

9495 American Farms Road

Address

East Milton, Florida 32583

City, State & Zip

850-313-4672

Daytime Telephone number

standingholyfarmstradingpost@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

The name of the corporation shall be: CATAWANEE TRIBAL NATION, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:
9495 American Farms Road

Mailing address, if different is:

N/A

East Milton, Florida 32583

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: 508(c)(1)(a) 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: Crystal Suggs - President

Name and Title: _____

Address 9495 American Farms Road

Address: _____

East Milton, Florida 32583

Name and Title: Jacl El - Vice President

Name and Title: _____

Address

11301 South Dixie Hwy
Suite 6731

Address: _____

Miami, FL 33156

Name and Title: Eddie Suggs - Secretary

Name and Title: _____

Address 9495 American Farms Road

Address: _____

East Milton, Florida 32583

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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: Crystal Suggs

Address: 9495 American Farms Road

East Milton, Florida 32583

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Crystal Suggs

Address: 9495 American Farms Road

East Milton, Florida 32583

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/2/2023 A.D., _____. (OPTIONAL.)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business 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.

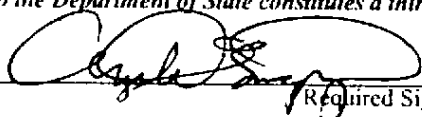
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

10-2-23
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.



Required Signature of Incorporator

10-2-23
Date

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