

N240000009937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

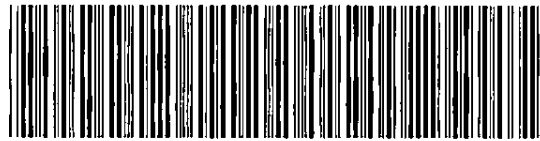
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200434633202

08/14/24--01006--002 **87.50

2024 AUG 14 PM 4:17
CLERK'S OFFICE
STATE OF NEW YORK

COVER LETTER

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

SUBJECT: AREDORA 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: KAWISE MACK
Name (Printed or typed)
959 Oakland Hills Ave.
Address
Middleburg FL 32068
City, State & Zip
904-509-9571
Daytime Telephone number

kawise.mack@gmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

2007 AUG 14 PM 4:17

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

ARTICLE I NAME

The name of the corporation shall be: AREDORA TRIBAL NATION, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
959 Oakland Hills Ave.

Middleburg Fl. 32068

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: 508(c)(1)(a) Non profit 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: Robert Mack CEO

Name and Title: _____

Address

7960 Westport Bay Drive
Jacksonville Fl. 32244

Address: _____

Name and Title:

Sherica Mack - Vice President

Name and Title: _____

Address

5840 Calvary Drive
Jacksonville Fl. 32244

Address: _____

Name and Title:

Kawise Mack - President

Name and Title: _____

Address

959 Oakland Hills Ave.
Middleburg Fl. 32068

Address: _____

2025 JUN 14 PM 4:17

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: Kawise Mack

Address: 959 Oakland Hills Ave.

Middleburg FL 32068

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kawise Mack

Address: 959 Oakland Hills Ave.

Middleburg FL 32068

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 08/07/2024 (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

08/07/24

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

08/07/24

Date

2024 AUG 14 PM 4:17