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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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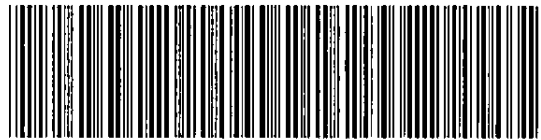
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
2024 SEP 25 PM 9:00  
Tulsa

## COVER LETTER

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

SUBJECT: BROWN LADD 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: William Ashley Johnson  
\_\_\_\_\_  
Name (Printed or typed)

2414 Pirate Court  
\_\_\_\_\_  
Address

Jacksonville FL32224  
\_\_\_\_\_  
City, State & Zip

1-847-505-6737  
\_\_\_\_\_  
Daytime Telephone number

upsbrown8@gmail.com upsbrown8@icloud.com  
E-mail address: (to be used for future annual report notification)

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2024 SEP -5 PM 9:00

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

**ARTICLE I NAME**

The name of the corporation shall be: BROWN LADD NATION, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
2414 Pirate Court

Jacksonville Fl 32224

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: William Ashley Johnson CEO

Address 2414 Pirate Court  
Jacksonville, FL 32224

Name and Title: Nicole Ladd Director

Address: 3116 Woodland Avenue  
Zion 60099

Name and Title: Cleven Richards president

Address 10906 Wingate Road  
Jacksonville, FL 32218

Name and Title: Gain Ladd Executive Director

Address: 3116 Woodland Avenue  
Zion 60099

Name and Title: Mike Pettis Vice President

Address 118 Arabella PKWY  
Locust Grove GA 30248-4246

Name and Title:

Address:

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2024 SEP -5 PM 9:00

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
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**ARTICLE VI REGISTERED AGENT**

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

Name: William Ashley Johnson  
 Address: 2414 Pirate ct  
 Jacksonville, Florida 32224

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: William Ashley Johnson  
 Address: 2414 Pirate ct  
 Jacksonville, Florida 32224

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: August 30 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*

William Ashley Johnson  
 Required Signature of Registered Agent

August 30 2024  
 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.*

William Ashley Johnson  
 Required Signature of Incorporator

August 30 2024  
 Date

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 AUG 30 2024 PM 9:00  
 TALLAHASSEE, FLORIDA