

N 24 0000 11935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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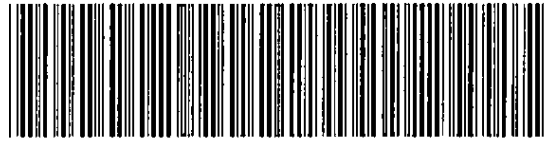
(Business Entity Name)

(Document Number)

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2024

COVER LETTER

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

SUBJECT: IFE OKAN 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: MIRANDA GIBSON

Name (Printed or typed)

1526 Seawolf Trl

Address

Jacksonville, FL 32221

City, State & Zip

904-616-5066

Daytime Telephone number

soulestitherapy@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: IFE OKAN TRIBAL NATION, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1526 Seawolf Trl

Jacksonville, FL 32221

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: Daisy Williams CEO

Address: 397 Edson Drive
Orange Park, FL 32073

Name and Title: Melissa Gibson - Secretary

Address: 3155 Olde Sutton Parke Drive
Orange Park, FL 32073

Name and Title: Michael Williams - Vice President

Address: 1526 Seawolf trl
Jacksonville, FL 32221

Name and Title: _____

Address: _____

Name and Title: Miranda Gibson - President

Address: 6925 Ortega Woods Drive
Unit 8
Jacksonville, FL 32244

Name and Title: _____

Address: _____

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: Miranda Gibson

Address: 6925 Ortega Woods Drive, unit 8
Jacksonville, FL 32244

ARTICLE VII INCORPORATOR

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

Name: Miranda Gibson

Address: 6925 Ortega Woods Drive, Unit 8
Jacksonville FL 32244


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 09/23/2024. (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

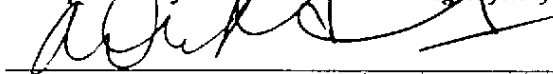


Required Signature of Registered Agent

09/23/2024

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.



Required Signature of Incorporator

09/23/2024

Date

2024

6.1