

# N240000012969

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

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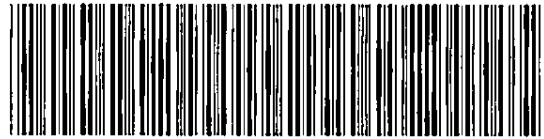
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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## COVER LETTER

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

**SUBJECT:** LEESHIELA 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:** ROBERT MACK

Name (Printed or typed)

7960 Westport Bay Drive North

Address

Jacksonville, FL 32244

City, State & Zip

904-234-4882

Daytime Telephone number

r.mack52@yahoo.com

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

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**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: LEESHIELA TRIBAL NATION, Inc.

## ARTICLE II PRINCIPAL OFFICE

Principal street address:

7960 Westport Bay Drive North

Jacksonville, FL 32244

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 North

Address: \_\_\_\_\_

Jacksonville, FL 32244

Name and Title: Kawise Mack - Vice President

Name and Title: \_\_\_\_\_

Address: 959 Oakland Hills Ave.

Address: \_\_\_\_\_

Middleburg, FL 32068

Name and Title: Sherica Mack - President

Name and Title: \_\_\_\_\_

Address: 5840 Calvary Drive

Address: \_\_\_\_\_

Jacksonville, FL 32244

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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: Robert Mack  
Address: 7960 Westport Bay Drive North  
Jacksonville, FL 32244

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Robert Mack  
Address: 7960 Westport Bay Drive North  
Jacksonville FL 32244

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 10/28/2024 (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*

Robert J. Mack  
Required Signature of Registered Agent

10/28/2024  
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.*

Robert J. Mack  
Required Signature of Incorporator

10/28/2024  
Date

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