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(Address)

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COVER LETTER

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

SUBJECT: NuSeazon Tallahassee Ministries 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

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FILED

FROM: Lynette Nicole Boyd
Name (Printed or typed)

P.O Box 628
Address

Quincy FL 32353
City, State & Zip

(850) 328-7001
Daytime Telephone number

tastetheflavorofnuseazon@yahoo.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: NuSeazon Tallahassee Ministries Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address:	Mailing address, if different is:
1747 McKelvey St.	P.O Box 628
Quincy FL 32351	Quincy FL 32353

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To become a fuactional non profit religous ministry, to be considered as a non profit agency who has all rights, religious principals and opportunities in florida which include but are not limited to opening banking accounts filing documents, and other things needed to be fully functional by all laws and by laws in the state of Florida and or abroad.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

By Members vote

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lynette B Hall, Founder
Address: 1747 McKelvey St. Quincy FL 32351

Name and Title: Leonard T. Boyd Board Member
Address: 18033 Main Street N. Blountstown FL 32424

Name and Title: Angela M. Dudley Co Founder
Address: Blountstown FL

Name and Title: Derrick S. Lamb Board member
Address: 1747 McKelvey St. Quincy FL 32351

Name and Title: Geraline S. Saulsberry Board Member
Address: 1415 California St. Tallahassee FL 32304

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: Lynette Boyd Hall (Lynette Nicole Boyd)

Address: 1747 McKelvey St.

Quincy FL 32351

ARTICLE VII INCORPORATOR

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

Name: Lynette Boyd Hall (Lynette Nicole Boyd)

Address: 1747 McKelvey St.

Quincy FL 32351

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: November 15, 2024 (OPTIONAL) 11/15/2024

(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

Lynette B Hall (Lynette Nicole Boyd) 11/15/2024

Required Signature of Registered Agent 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.

Lynette B Hall (Lynette Nicole Boyd) 11/15/2024

Required Signature of Incorporator Date

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