

N24000014529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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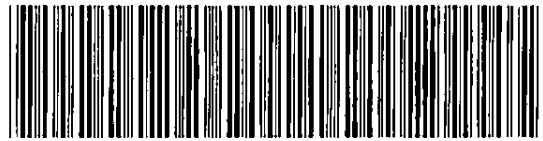
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: Proud Seed of Africa
(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: Gary Johnson
Name (Printed or typed)

13235 Alexandria drive #10
Address

Opa Locks FL 33054
City, State & Zip

786 337 3344
Daytime Telephone number

Gary.tenant.President@gmail.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 23, 2024

GARY JOHNSON

13235 ALEXANDRIA DRIVE #10
OPA LOCKA, FL 33054 US

SUBJECT: PROUD SEED OF AFRICA
Ref. Number: W24000106697

We have received your document for PROUD SEED OF AFRICA and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Crystal S Hightower
Regulatory Specialist II

Letter Number: 524A00016201

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: Proud Seed of Africa Inc.

Ref # W24000106697

ARTICLE II PRINCIPAL OFFICE

Principal street address:

13235 Alexandria drive
#10 Opa Locka, Fl
33054

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The organization will educate
all interested parties through positive activities and events.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: The Board of Election will elect.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gary Johnson D Name and Title: Damien Hudson D

Address: 13235 Alexandria Address: 13205 Port St Rd
drive #10 Opa Locka Fl
33054 33054

Name and Title: Algarion Oyer Johnson D Name and Title: _____

Address: 13235 Alexandria drive Address: _____
#10
Opa Locka Fl 33054

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FL

FILED
2024 NOV - 7 AM 10:24

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: _____ / Gary Johnson

Address: 13235 Alexandria drive #10
Opa Locks FL 33054

ARTICLE VII INCORPORATOR

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

Name: Gary Johnson

Address: 13235 Alexandria drive #10
Opa Locks FL 33054

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

[Signature]

Required Signature of Registered Agent

10-31-2024

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.

[Signature]

Required Signature of Incorporator

Date

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2024 NOV -7 AM 10:24