

N25000000066

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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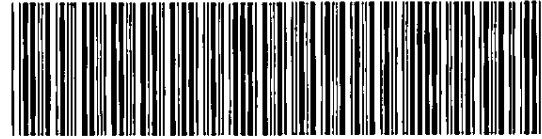
(Business Entity Name)

(Document Number)

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: LYNCHELLE TRIBAL NATION, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

5840 Calvary Drive

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: Sherica Mack CEO Name and Title: _____

Address: 5840 Calvary Drive Address: _____

Jacksonville, FL 32244

Name and Title: Sarena Thomas - President Name and Title: _____

Address: 5840 Calvary Drive Address: _____

Jacksonville, FL 32244

Name and Title: Kawise Mack - Vice President Name and Title: _____

Address: 959 Oakland Hills Ave. Address: _____

Middleburg, FL 32068

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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: Sherica Mack

Address: 5840 Calvary Drive

Jacksonville, FL 32244

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sherica Mack

Address: 5840 Calvary Drive

Jacksonville, FL 32244

ARTICLE VIII EFFECTIVE DATE: 12/27/2024

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.

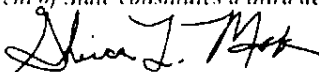


Required Signature of Registered Agent

12/27/2024

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

12/27/2024

Date

FILED
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CLERK OF THE COURT
JACKSONVILLE, FL