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COVER LETTER

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

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MAR 27 2007 2:20

63

SUBJECT: ANUNNAKI TRIBAL 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: Sherman Ballard
Name (Printed or typed)

18690 NW 37 Ave #551500
Address

Miami Gardens, FL, 33055
City, State & Zip

(954)774-3343
Daytime Telephone number

tseoperations@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: ANKUNNAKI TRIBAL INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

18690 NW 37 Ave #551500

Miami Gardens, FL, 33055

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: This organization operates as a faith-based, tax-exempt non-profit under 508(c)(1)(A), dedicated to charitable, religious, and educational activities. Our mission includes providing clean water, sustainable energy, humanitarian aid, spiritual enrichment, financial literacy, and community support while upholding religious freedoms and public service initiatives.

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: Sherman Delvory Ballard- Minister/Reverend Name and Title: _____

Address: 18690 NW 37 Ave #551500 Address: _____
Miami Gardens, Florida 33055

Name and Title: Tatianna Sha'Bria Ballard -Secretary Name and Title: _____

Address: 18690 NW 37 Ave #551500 Address: _____
Miami Gardens, Florida 33055

Name and Title: Dennis Keith Ballard- Vice President Name and Title: _____

Address: 4101 NW 190 ST Address: _____
MIAMI GARDENS Florida 33055

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: SHERMAN DEIVORY BALLARD

Address: 18690 NW 37 AVE #551500

MIAMI GARDENS, FLORIDA 33055

ARTICLE VII INCORPORATOR

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

Name: SHERMAN DEIVORY BALLARD

Address: 18690 NW 37 AVE #551500

MIAMI GARDENS, FLORIDA 33055

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: AUGUST 19TH, 2025 (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.

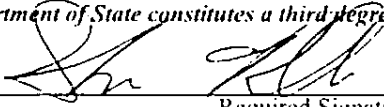
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

8/19/2025
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

8/19/2025
Date

COVER LETTER

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

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Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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DEPARTMENT OF STATE
FLORIDA

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Address: 18690 NW 37 AVE #551500

MIAMI GARDENS, FLORIDA 33055

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MIAMI GARDENS, FLORIDA 33055

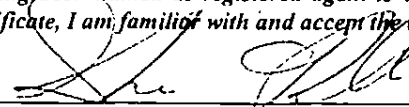
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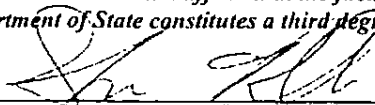
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