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COVER LETTER

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SECRETARY OF STATE

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

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

tseoperationss@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)

FILED
2025 AUG 27 PM 2:20
SECRETARY OF STATE

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: C/O

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: APPONITED

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sherman Delvory Ballard- Minister/Reverend

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

Name and Title:

Address:

Name and Title: Tatianna Sha'Bria Ballard -Secretary

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

Name and Title:

Address:

Name and Title: Dennis Keith Ballard- Vice President

Address: 4101 NW 190 ST
MIAMI GARDENS Florida 33055

Name and Title:

Address:

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

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2025 AUG 27 PM 2:19
FLORIDA DEPARTMENT OF STATE

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

_____ 8/19/2025

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.

_____ 8/19/2025

Required Signature of Incorporator Date

COVER LETTER

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STATE

Department of State
Division of Corporations
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Tallahassee, FL 32314

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ARTICLES OF INCORPORATION

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

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STATE

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ARTICLE II PRINCIPAL OFFICE

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Miami Gardens, FL, 33055

Mailing address, if different is:

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Miami Gardens, Florida 33055

Name and Title: Tatianna Sha'Bria Ballard -Secretary

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

Name and Title: Dennis Keith Ballard- Vice President

Address: 4101 NW 190 ST
MIAMI GARDENS Florida 33055

Name and Title:

Address:

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.)

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