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(Address)

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TALLAHASSEE, FLORIDA
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COVER LETTER

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

SUBJECT: The Treasure House International 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: AeRi'ell Levi D. CLary

Name (Printed or typed)

4759 Orchid Drive

Address

Tallahassee, FL

City, State & Zip

850-692-9713

Daytime Telephone number

thetreasurehouseint@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: The Treasure House International INC.

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address:	Mailing address, if different is:
<u>4759 Orchid Drive</u>	<u>4759 Orchid Drive</u>
<u>Tallahassee, FL, 32305</u>	<u>Tallahassee, FL, 32305</u>

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: A Ministry/Organizations for christian education,
provide worship services, as well as assist in community development and projects. To help our community
to grow spiritually, emotionally and physically.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>AeRi'ell Levi D. Clary, CEO, President</u>	Name and Title:	_____
Address	<u>4759 Orchid Drive</u> <u>Tallahassee, FL, 32305</u>	Address:	_____
Name and Title:	<u>Teresa Ann Clary, Vice President.</u>	Name and Title:	_____
Address	<u>839 Sunridge Road</u> <u>Tallahassee, FL, 32305</u>	Address:	_____
Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

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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: AeRi'ell Levi D. Clary
Address: 4759 Orchid Drive
Tallahassee, FL, 32305

ARTICLE VII INCORPORATOR

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

Name: AeRi'ell Levi D. Clary
Address: 4759 Orchid Drive
Tallahassee, FL, 32305

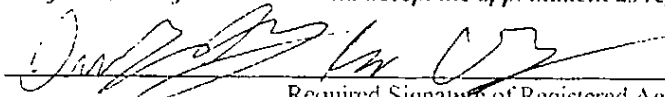
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 12/01/2021 (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.)

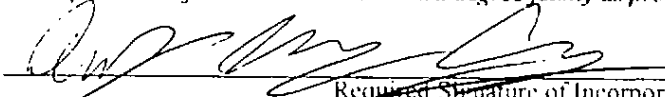
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

12/01/21
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

12/01/21
Date