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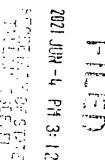
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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06/07/21--01005--002 **78.75



CARDI CARDI



May 26, 2021

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

Dear Sir/Madam:

This letter is to inform you a cashiers check in the amount of \$78.75 was originally enclosed in the UPS package shipped to you on April 27, 2021 with the registration documents. Per your notice. I have declared the original cashiers check lost and had re-issued from the bank.

Enclosed in this package is a re-issued cashiers check in the amount of \$78.75 for the filing fee to register 3 Kings Project as a foreign corporation in the state of Florida accompanied by the original application and required supporting documents. My bank has informed me that if the payee deposits the declared lost check, it will be valid for 90 days from issue date so if you find the original payment, please destroy or return to me.

Additionally, if I could be notified via email when this package and re-issued check has been received, I would be most grateful. Thank you for your assistance in this matter.

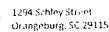
Sincerely,

Marcus Thomas Founder/CEO

RECEIVED 1201







COVER LETTER

	ivision of Corporations						
SUBJEC	SUBJECT: Skings Project						
	Name of Co	orporation – must include suffix					
Dear Sir o	r Madam:						
Affairs in	Florida", "Certificate of Existence	for Profit Corporation for Authorization to Conduct its e", or "Certificate of Status" and check are submitted to corporation to conduct its affairs in Florida.					
Please retu	urn all correspondence concerning						
	3 Kings Project	Name of Person					
		Name of Person					
	Attn: Marcus Thomas	2 17					
Firm/Company		Firm/Company					
	1294 Schley Street						
		Address					
	Orangeburg, SC 29115						
	City/State and Zip Code						
	m.thomas@3kingsproject.org						
	E-mail address: (to be u	ised for future annual report notification)					
For furthe	r information concerning this mat	ter, please call:					
Marcus T	·	704 885-2715					
		at () Area Code Daytime Telephone Number					
	Name of Person	Area Code Daytime Telephone Number					
	ailing Address:	Street Address:					
Registration Section		Registration Section					
Division of Corporations		Division of Corporations					
P.O. Box 6327		The Centre of Tallahassee					
Τ.	allahassee, FL 32314	Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 nt: PARTMENT OF STATE					
Enclosed	is a check for the following amoun	nt:					
Please mak	e check payable to: FLORIDA DEP						
	Filing Fee \$78.75 Filing F	ee & \$\Begin{align*} \Boxed{\Boxed} \seta \left\ \seta \seta \left\ \seta \se					

Certified Copy

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

3 Kings Proje	ect Inc.	_	
(Name of corpo import in langua in the name at p	ration: must include the word "INCORPoge as will clearly indicate that it is a corresent. "Company" or "Co." may not be	ORATED" or "CORPORATION" or poration instead of a natural person oused as a corporate suffix by a nonpr	words or abbreviations of like or partnership if not so contained ofit corporation.)
Project 3 Kings			
(If name unava	ilable in Florida, enter alternate corpora	ite name adopted for the purpose of tr	ansacting business in Florida)
South Caroli	na?	3	
(State or cour	na? htry under the law of which it is incorpor	rated) (FEI number.	if applicable)
·(I	Date of Incorporation)	(Date of duration,	if other than perpetual)
N/A	ucted affairs in Florida if prior to registrati	on, See sections 617,1501 & 617,1502	, F.S. to determine penalty liability.)
			7 13
1294 Schley	Street		
	(Princi	pal office street address)	rain w
Orangeburg, S	2C 20115		निया क
Orangeburg,	(Current r	nailing address, if different)	111
	•	-	
		't	ad collecting departions in Flor
Public charity	to increase LGBTQ visibility in mino corporation authorized in home state or corporation.	ority communities; programming an	(Clasida)
(Purpose(s) of	corporation authorized in home state or c	country to be carried out in the state c	n Florida)
. Name and str	eet address of Florida registered ager	nt: (P.O. Box <u>NOT</u> acceptable)	
Name:	Registered Agents Inc		
Office Address:	7901 4th Street N, STE 300		
	St. Petersburg?	, Florida 33702 (Zip C	
	(City)	(Zip C	ode)
10. Registered	l agent's acceptance:		a stated corneration at the place
lesignated in th urther agree to	med as registered agent and to acce is application, I hereby accept the a comply with the provisions of all st ar with and accept the obligations of	appointment as registered agent a tatutes relative to the proper and (ona agree to act in this capacity. complete performance of my duti
.,	_	Rill Jame	
	(Reg	sistered agent's signature)	
	, ,		

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTOR	Michael Havnes	□Chairman	Demotus Fonta			
■ Chairman	Name:1294 Schley St.		Name:			
□Vice Chairman	Address:Orangeburg, SC 29115	□Vice Chairman	Orangeburg, SC 29115?			
□Director		Director				
□President		□President				
□Vice President		□Vice President				
☐ Secretary	□Treasurer	☐ Secretary	Treasurer			
□Other:	Other:	□Other:				
□Chairman	Jason Hines	□Chairman	Name: Marcus Thomas			
□Vice Chairman	Address:	□Vice Chairman	Address: 1294 Schley St. 1			
Director	Orangeburg, SC 29115	■ Director	Orangeburg, SC:29115?			
□President		□President	72 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
□Vice President		□ Vice President				
Secretary	□Treasurer	☐ Secretary	□Treasurer			
Other:	☐ Other:	■Other:	□Other:			
Chrisman	Name:	□Chairman	Name:			
□Chairman	 -		Address:			
□Vice Chairman	Address:		Additess.			
□Director		□Director				
□President		□President				
□Vice President		□Vice President				
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer			
Other:	☐ Other:	Other:	□Other:			
NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) 14.						
(Typed or printed name and capacity of person signing application)						

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

3 Kings Project, a nonprofit corporation duly organized under the laws of the State of South Carolina on July 4th, 2020, has as of the date hereof filed as a nonprofit corporation for religious, educational, social, fraternal, charitable, or other eleemosynary purpose, and has paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-31-1421, and that the nonprofit corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 8th day of April, 2021.

Mark Hammond Secretary of State