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

100003336491--9  
-07/26/00--01042--004  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

**SUBJECT:** THE LUCIEL CURRINGTON SHANNON FAMILY FOUNDATION OF THE PALM BEACHES, 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:** TIMOTHY LAMAR SHANNON, B.A.  
Name (Printed or typed)  
1009 GREEN PINE BOULEVARD, APT. A3  
Address  
WEST PALM BEACH, FLORIDA 33409  
City, State & Zip  
(561) 689-1110  
Daytime Telephone number

FILED  
00 JUL 26 PM 12:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**NOTE: Please provide the original and one copy of the articles.**

7-28  
WCC

**ARTICLES OF INCORPORATION**  
In Compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I** **NAME**

The name of the corporation shall be:

The Luciel Currington Shannon Family Foundation of The Palm Beaches Inc.

**ARTICLE II** **PRINCIPLE OFFICE**

1009 Green Pine Boulevard, Apt. A3, West Palm Beach, Florida 33409

**ARTICLE III** **PURPOSE**

Our mission is to invest monetary and non-monetary communal resources to communities, families and students in Palm Beach County for the primary purpose of cultivating awareness, commitment and leadership potential particularly among those communities, families, and/or students, which may be experiencing or have experienced economic and/or social disadvantages.

The Luciel Currington Shannon Family Foundation aspires to be a leader in strengthening Palm Beach County communities, families and students by providing communal and financial support and resources. The Foundation will focus support on external challenges and key stages of development faced by Palm Beach County communities, families and students as it evolves into an effective and rewarding entity--by providing knowledge, financial resources, products, and services. The Foundation will devote its resources to operating three programs: Community Ventures, Community Connections, and Community Visions.

**ARTICLE IV** **MANNER OF ELECTION**

The initial Board of Directors shall be allocated by the Chairman of the Board of Directors.

Any individual that desires to be considered as a member of the Board of Directors for The Luciel Currington-Shannon Family Foundation of The Palm Beaches may do so by submitting a letter of interest, filing an application with The Foundation indicating individual's desire to be affiliated with this Family Foundation. Any such aspirant may be interviewed and upon affirmative vote of a majority of the existing Board of Directors. Upon becoming a member of the Board of Directors, each Director must provide a mailing address and contact telephone number to the Executive Secretary at which said Director desires to receive notices.

**ARTICLE V** **INITIAL DIRECTORS/OFFICERS**

The name and addresses:

Timothy Lamar Shannon  
**CHAIR/CEO**  
1009 GREEN PINE BLVD.  
APT. A3  
WEST PALM BEACH, FL 33409

Mattie Ruth Shannon  
**VICE CHAIR**  
1350 WEST SECOND STREET  
RIVIERA BEACH, FLORIDA 33404

Rochelle Strother  
**TREASURE**  
836 EAST 82ND STREET  
KANSAS CITY, MO 64131

Tamika C. Bradley  
**EXECUTIVE SECRETARY**  
150 32ND COURT  
RIVIERA BEACH, FLORIDA 33404

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**

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

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address of the registered agent is:

Timothy Lamar Shannon, **CHAIR/CEO**  
1009 GREEN PINE BOULEVARD, APT. A3, WEST PALM BEACH, FL 33409

**ARTICLE VII INCORPORATOR**

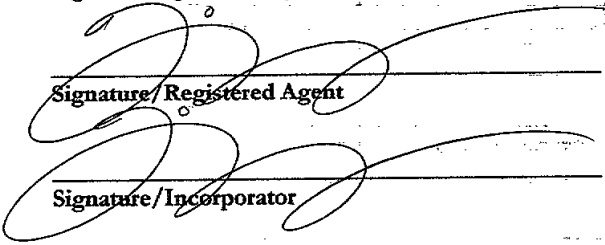
The name and address of the Incorporator is:

Timothy Lamar Shannon, **CHAIR/CEO**  
1009 GREEN PINE BOULEVARD, APT. A3, WEST PALM BEACH, FL 33409

\*\*\*\*\*  
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.

  
\_\_\_\_\_  
Signature/Registered Agent

7/18/00  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

7/18/00  
\_\_\_\_\_  
Date