

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

NO000000007347

The Malys Jackson Foundation

100003448111--8
-11/02/00--01008--008
*****78.75 *****78.75

- ☒ Art of Inc. File
- ☐ LTD Partnership File
- ☐ Foreign Corp. File
- ☐ L.C. File
- ☐ Fictitious Name File
- ☐ Trade/Service Mark
- ☐ Merger File
- ☐ Art. of Amend. File
- ☐ RA Resignation
- ☐ Dissolution / Withdrawal
- ☐ Annual Report / Reinstatement
- ☒ Cert. Copy
- ☐ Photo Copy
- ☐ Certificate of Good Standing
- ☐ Certificate of Status
- ☐ Certificate of Fictitious Name
- ☐ Corp Record Search
- ☐ Officer Search
- ☐ Fictitious Search
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval

FILED
NOV -30 AM 11:59 PM 3:54
TALLAHASSEE FLORIDA
SECRETARY OF STATE

SMITH NOV 03 2000

W-26288
15

Signature

Requested by:

Name SH Date 11/1/00 Time 3:30

Will Pick Up

Courier



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

November 2, 2000

CAPITAL CONNECTION, INC.
417 E VIRGINIA ST, STE 1
TALLAHASSEE, FL 32302

SUBJECT: THE MALYK JACKSON FOUNDATION
Ref. Number: W00000026288

We have received your document for THE MALYK JACKSON FOUNDATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the corporation must contain a corporate suffix. This suffix may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6927.

Tracy Smith
Document Specialist

Letter Number: 300A00056975

*Corrected
pls ASAP*



RECEIVED
DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
NOV -3 AM 9:38
NOT FILED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation:

ARTICLE I NAME

The name of the corporation shall be:

THE MALYK JACKSON FOUNDATION, INC.

(SEE highlighted item on letterhead)

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1420 BALBOA AVENUE Unit I-67
PANAMA CITY, FLORIDA 32401

ARTICLE III PURPOSE(S)

The specific purpose(s) for which the corporation is organized is(are):

To Raise funds via fundraising events and donation request from other non-profit supporters, without the "sell" of any product and then to distribute said funds via foundation scholarships to young women with child care and tuition concerns, to assist them in achieving a higher education at an accredited two or four year college.

ARTICLE IV MANNER OF ELECTION OF DIRECTORS

The manner in which the directors are elected or appointed is:

THEY ARE APPOINTED BY THE BOARD

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

AARIKA FERRARI
— 1420 BALBOA AVE. #I-67
PANAMA CITY, FL. 32401

ARTICLE VI INCORPORATOR

The name and address of the Incorporator to these Articles of Incorporation are:

AARIKA FERRARI
1420 BALBOA AVENUE #I-67
PANAMA CITY, FL. 32401

OCTOBER 31, 00

Signature/Incorporator

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature/Registered Agent

Date

OCT. 31, 00

FILED
00 NOV -3 AM 11:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA