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Florida Department of State
Division of Corporations
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EFFECTIVE DATE
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To:
Division of Corporations
Fax Number : (850)205-0381

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

FLORIDA NON-PROFIT CORPORATION

the lucia project, inc.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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② 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 Lucia Project, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
2145 West Davie Boulevard, Suite 101
Fort Lauderdale, Florida 33312

EFFECTIVE DATE

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ARTICLE III PURPOSE(S)

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

To donate much needed funds to charitable organizations that will assist men, women and children in their flight for survival.

ARTICLE IV MANNER OF ELECTION OF DIRECTORS

The manner in which the directors are appointed is:
Vote by the members.

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

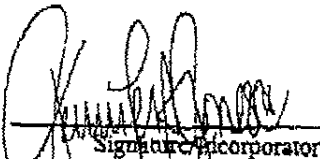
The name and Florida street address of the initial registered agent are:
Jennifer Jones
2145 West Davie Boulevard, Suite 101
Fort Lauderdale, Florida 33312

ARTICLE VI INCORPORATOR

The name and address of the Incorporator to these Articles of Incorporation are:
Jennifer Jones
2145 West Davie Boulevard, Suite 101
Fort Lauderdale, Florida 33312

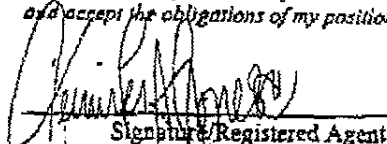
ARTICLE VII EFFECTIVE DATE

The effective date of this corporation shall be October 23, 2002.


Signature of Incorporator

10-23-02
Date

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 of Registered Agent

10-23-02
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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