## N12000010040

(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:  Jane' McGarter  AUTHORIZATION BY PHONE TO  CORRECT Correct I & add 1/1/3 date  DATE 10 33 13  DOC. EXAM				
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## **COVER LETTER**

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

 $_{
m SUBJECT:}$  THE BUTTERFLY PROJECT, 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: THE BUTTERFLY PROJECT, INC

Name (Printed or typed)

10011 SOUTH US HWY 1

Address

PORT ST LUCIE, FL 34952

City, State & Zip

772-418-6862

10011 SOUNTING TEMPHONE number

GAUTIERONFIRE@YAHOO.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 The name of the c	NAME orporation shall be: THE BUTTERFLY	PROJECT JEWE	LRY, INC.
ARTICLE II	PRINCIPAL OFFICE  Principal street address  10011 SOUTH US HWY 1		Mailing address, if different is:
	PORT ST LUCIE,FI. 34952		
ARTICLE III	PURPOSE	 : EFFE	CTIVE DATE 1/1/2013
	which the corporation is organized is:	Carport System	a grand daying soul and a second soul
· •	WARENESS OF THE PLIGHT OF	WOMEN AND CH	HILDREN SUBJECTED TO SEX
TRAFFICKIN	IG. AS WELL AS THE PROVISSION COUED AND LIVING IN SAFE HOU	ON OF FINANCIA	
ARTICLE IV	MANNER OF ELECTION The manner	r in which the directors a	ure elected and appointed:
DIRECTORS	WILL BE APPOINTED AT THE D	ISCRETION OF T	HE FOUNDER.
ARTICLE V	INITIAL OFFICERS AND/OR DIREC		
Name and T Address:	itle: JANE' MCGOORTY. FOUND 711 STARFLOWER AVE PORT ST LUCIE, FL 34983	Address:	
Name and T Address:	itle:	4 1 1	
Name and T Address:	itle:	Name and Title: Address:	
	REGISTERED AGENT  orida street address (P.O. Box NOT acceptable  JANE' MCGOORTY  10011 SOUTH US HWY 1  PORT ST LUCIE, FL 34952	e) of the registered agent	is: 72 80 F
ARTICLE VII	INCORPORATOR		ILE 22
The <u>name and add</u> Name:	dress of the Incorporator is: JANE' MCGOORTY		
Address:	10011 SOUTH US HWY 1 PORT ST LUCIE, FL 34952		12 47
	ned as registered agent to accept service of pr miliar with and accept the appointment as regi		ated corporation at the place designated in this to act in this capacity
Van	e Millootx		SEPT 17, 2012
	Required Signature of Registered Agen		Date
	ment and affirm that the fa <del>cts s</del> tated herein ar of State constitutes a third degree felony as pro		any false information submitted in a document F.S.
$\searrow \nearrow \sim$	e Me Goot	7	SEPT 17, 2012
	Required Signature of Incorporate	94	Date
1	/ \	$\mathcal{I}$	