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Division of Corporations

Florida Department of State  
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FLORIDA PROFIT/NON PROFIT CORPORATION  
JOLLEY FACES FOUNDATION INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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

**ARTICLE I NAME**

The name of the corporation shall be: JOLLEY FACES FOUNDATION INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

15231 SW 80TH STREET SUITE 615

MIAMI, FL 33193

Mailing address, if different is:

15231 SW 80TH STREET SUITE 615

MIAMI, FL 33193

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: THIS ORGANIZATION WILL RAISE AND  
PROVIDE FUNDS AND SUPPORT SERVICES AND EDUCATION TO CHILDREN,  
TEENS, ADULTS AND SENIORS WHO ARE FACING EMOTIONAL AND  
FINANCIAL HARDSHIP.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed:

BY MINUTES AND BY LAWS

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: LISA J. JOLLEY- PTSD

Address: 15231 SW 80TH STREET

SUITE 615

MIAMI, FL 33193

Name and Title: CHRISTINA RUIZ - D

Address: 15231 SW 80TH STREET

SUITE 615

MIAMI, FL 33193

Name and Title: KIMBERLY RODRIGUEZ - D

Address: 15231 SW 80TH STREET

SUITE 615

MIAMI, FL 33193

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: JAVON GIBBONS - D

Address: 15231 SW 80TH STREET

SUITE 615

MIAMI, FL 33193

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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P. 003/003

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: LISA J. JOLLEY

Address: 15231 SW 80TH STREET SUITE 615

MIAMI, FL 33193

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: LISA J. JOLLEY

Address: 15231 SW 80TH STREET SUITE 615

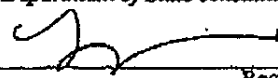
MIAMI, FL 33193

*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*

  
\_\_\_\_\_  
Required Signature of Registered Agent

10-28-13  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in §.817.155, F.S.*

  
\_\_\_\_\_  
Required Signature of Incorporator

10-28-13  
Date

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