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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

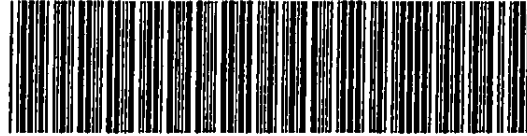
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 MAY - 6 PM 4: 39

**COVER LETTER**

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

**SUBJECT: P.E.A.R.L.S. Breast Cancer Foundation**  
**(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: LaToya Shoemaker**  
Name (Printed or typed)

**5401 S. Kirkman Rd. Suite 310**  
Address

**Orlando, FL 32819**  
~~Kissimmee~~  
City, State & Zip

**407-301-6775**  
Daytime Telephone number

**pearlsbcf@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 NAME**

The name of the corporation shall be: P.E.A.R.L.S. Breast Cancer Foundation, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

5401 S. Kirkman Rd. Suite 310

Orlando, Florida 32819

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The corporation is organized exclusively for charitable, religious, educational, philanthropic, and scientific purposes, including for such purposes, the making of distributions to organizations that qualify as exempt section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code. In the way of explanation and not limitation, the specific purposes for which the Corporation is formed are: (a) to promote programs which focus on supporting cancer research; (b) to provide short-term financial assistance; (c) to educate the community assistance; (c) to educate the community in which we serve on breast cancer awareness through workshops; (d) to plan, develop, promote, direct, implement community service programs that will provide empowerment, self-discovery, and performing arts; (e) to provide scholarships assistance to students affected.

This Corporation is organized and operated exclusively for charitable and educational purposes within the meaning of section 501 (c) (3) of the Internal Revenue Code.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: The manner in which directors are elected or appointed is: As provided for in the bylaws.

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

Name and Title: LaToya Shoemaker- Director

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

Address 2576 Hunley Loop  
Kissimmee, Florida 34743

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

Name and Title: Micaela Thomas -Director

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

Address 18901 Pebble Links Circle  
Tampa, Florida 33647

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

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

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

Address \_\_\_\_\_

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

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14 MAY - 6 PM 4:39

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: LaToya Shoemaker

Address: 2576 Hunley Loop

Kissimmee, Florida 34743

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

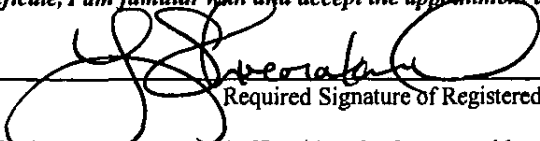
Name: Micaela Thomas

Address: 18901 Pebble Links Circle

Tampa, Florida 33647

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DIVISION OF CORPORATIONS  
14 MAY - 6 PM 4: 39

*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

1/8/2014  
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 s.817.155, F.S.*

  
Required Signature of Incorporator

1/8/2014  
Date

Fei number 46-452 2208