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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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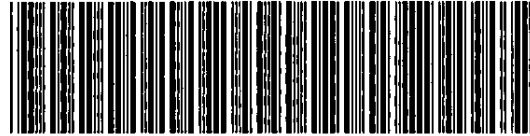
(Business Entity Name)

(Document Number)

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7/25/14

COVER LETTER

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

SUBJECT: The Precious Pearls 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: Shelli Freeland Eddie, Esq.
Name (Printed or typed)

P.O. Box 592

Address

Sarasota, FL 34230

City, State & Zip

941-366-6486

Daytime Telephone number

thepreciouspearlsproject@gmail.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: The Precious Pearls Project, Inc.

Article II – Principal Office

Principal street address:

1216 SW Rainbow Avenue

Arcadia, FL 34266

Mailing address, if different is:

P.O. Box 2879

Arcadia, FL 34265

Article III – Purpose

The purpose for which the corporation is organized is: Youth Empowerment. The corporation is organized exclusively for charitable, religious, and educational purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under sections 501(C) (3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article III hereof.

Upon the dissolution of the Corporation, the Board of Directors shall, after paying or adequately providing for all the debts, obligations, and liabilities of the Corporation, distribute the remaining assets of the Corporation exclusively for the nonprofit religious purposes to such organization or organizations which are tax exempt under section 501 (C) (3) of the Code, as amended as the Board of Directors in its sole discretion shall determine.

The extent of personal liability, if any, for directors, officers, or members for corporate obligations and the methods of enforcement and collections, are as follows: NONE. Further, the Directors and Officers shall be exempt from liability and/or indemnified from costs and judgments to the full extent permitted by Florida law. In the event the Florida law is subsequently amended to authorize the further elimination or limitation of the liability of Directors or Officers of nonprofit corporations, then the liability of Directors and Officers of the corporation in addition to the limitation on person liability provided under this Article, shall be limited to the fullest extent permitted by such later amended Florida law.

Article IV – Manner of Election The manner in which the directors are elected and appointed:
As provided for in the bylaws.

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FILED

Article V – Initial Officers and/or Directors

Name and Title: Shameka Hollimon – Director
Address: 1216 SW. Rainbow Avenue
Arcadia, FL 34266

Name and Title: Kameelah Goodman – Director
Address: 7 W. Owens Avenue
Arcadia, FL 34266

Name and Title: Tammy Jackson – Director
Address: 5 W. Owens Avenue
Arcadia, FL 34266

Name and Title: Marvella Jackson-Hearns – Director
Address: 1507 ½ N. Arcadia Avenue
Arcadia, FL 34266

Article VI – Registered Agent

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

Name: Shameka Hollimon
Address: 1216 SW. Rainbow Avenue
Arcadia, FL 34266

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

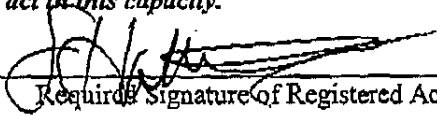
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Article VII – Incorporator

The **name and address** of the Incorporator is:

Name: Shelli Freeland Eddie, Esq.
Address: P.O. Box 592
Sarasota, FL 34230

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

7.11.14

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, FLS.



Required Signature of Incorporator

7/11/2014

Date