

N14000008144

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

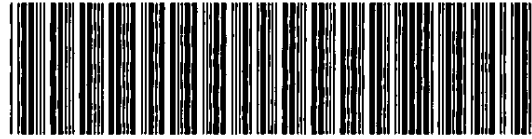
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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08/25/14--01045--007 \*\*78.75

14 AUG 25 AM 8:02  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**COVER LETTER**

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

SUBJECT: Project Loved 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: Annelien Williamson  
Name (Printed or typed)

101-A Wood Duck Circle  
Address

Daytona Beach, FL 32119  
City, State & Zip

(910) 508-8340  
Daytime Telephone number

projectloved@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: Project Loved Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

425 Champion Ridge Dr.  
Daytona Beach FL 32124

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The purpose of Project Loved Inc. is to enrich, empower and uplift children of poverty around the world by enabling educational opportunities. The goals are to conduct fundraisers and events, sell merchandise, plan mission trips and obtain sponsorships that will fund educational scholarships to break the cycle of poverty for the child, their families and their communities at large.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: Annual written nominations elected by voting.

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

Name and Title: Maria Lucrecia Olds

Address: President

425 Champion Ridge Dr.  
Daytona Beach FL 32124

Name and Title: Annelien Williamson

Address: Vice-President / Secretary

101-A Wood Duck Cir  
Daytona Beach, FL 32119

Name and Title: Andries Mathys Liebenberg

Address: Media Director / PR

780 Rose Ranch Rd  
San Marcos, CA 92069

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

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

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

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

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

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

FILED  
14 AUG 25 AM 8:02  
CLERK OF DISTRICT COURT  
DADE COUNTY, FLORIDA

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: Maria Lucrecia Olds

Address: 425 Champion Ridge Dr.  
Daytona Beach, FL, 32124

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Annelien Williamson

Address: 101-A Wood Duck Circle  
Daytona Beach, FL, 32119

14 AUG 25 AM 8:02  
REGISTERED AGENT  
FLORIDA

*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*

Maria Lucrecia Olds  
Required Signature of Registered Agent

08-19-14  
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, F.S.*

Annelien Williamson  
Required Signature of Incorporator

08-19-14  
Date