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(City/State/Zip/Phone #)

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(Business Entity Name)

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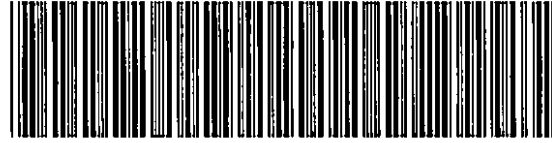
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T. SCOTT



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FALL ARIZONA

COVER LETTER

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

SUBJECT: Phrozen Pharaoh Foundation, 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: AL Johnson & Associates, LLC

Name (Printed or typed)

6586 NW Selvitz Road

Address

Port Saint Lucie, Florida 34983

City, State & Zip

(772) 323-2160

Daytime Telephone number

AL26504@aol.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: Phrozen Pharaoh Foundation, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
5475 NW St., James Drive
Port Saint Lucie, FL 34983

Mailing address, if different is:
Same as Principal Office

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Exclusively for charitable and educational purposes within the meaning of section 501(c)(3) of the Internal Revenue Code of 1986 or the corresponding provision of any future United States Internal Revenue law. Also see Article III of the attached bylaws for additional information for which this corporation is organized.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Art IV of the bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Curtis E. Johnson, Jr., President
Address: 5475 NW Saint James Drive
Port Saint Lucie, Florida 34983

Name and Title: Dr. Danny M. Hoey, Jr., Secretary
Address: 5475 NW Saint James Drive
Port Saint Lucie, Florida 34983

Name and Title: Kahari T. Wood, Vice President/Treasurer
Address: 5475 NW Saint James Drive
Port Saint Lucie, Florida 34983

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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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: Curtis E. Johnson, Jr.
Address: 5475 NW Saint James Drive
Port Saint Lucie, Florida 34983

ARTICLE VII INCORPORATOR

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

Name: Al Johnson
Address: 6586 NW Selvitz Road
Port Saint Lucie, FL 34983

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: January 1, 2019. (OPTIONAL.)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

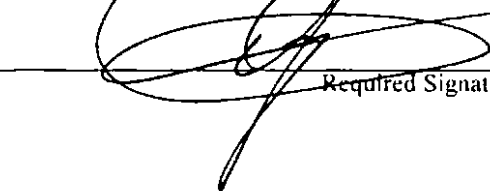
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

October 23, 2018
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

October 23, 2018
Date