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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : NELSON MULLINS RILEY & SCARBOROUGH LLP OF BOCA RATON
Account Number : 076376001555
Phone : (903)255-9617
Fax Number : (561)493-7321

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: pilar.salgado@nelsonmullins.com

FLORIDA PROFIT/NON PROFIT CORPORATION
Pan Am 103-Lockerbie Legacy Foundation, Inc.

Certificate of Status	0
Certified Copy	1
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TALLAHASSEE, FL

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

ARTICLE I NAME Pan Am 103-Lockerbie Legacy Foundation, Inc.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address: _____ Mailing address, if different is: _____
7310 SW47th Ct. _____
Miami, FL 33143 _____

ARTICLE III PURPOSE

To provide funding and support to existing and future projects that
The purpose for which the corporation is organized is: _____
Commemorate, educate and provide relief to those impacted by the bombing of Pan Am 103.

The Pan Am 103-Lockerbie Legacy Foundation bears witness to the terrorist attack of December 21, 1988.

Remembers and honors the 270 victims murdered in the bombing of Pan Am 103, both in the air on the ground in Lockerbie.

Pays tribute to the Lockerbie survivors and residents who responded with exemplary and extraordinary compassion and sacrifice .

Acknowledges the heroic efforts and fortitude of the first responders, volunteers, investigators, and prosecutors.

Creates a digital platform to enhance the unique bond and connection to the global Pan Am 103 Lockerbie Community.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	M. Victoria Cummock, CEO	Name and Title:	Ty West, President
Address	7310 SW Ct. Miami, FL 33143	Address:	22 Lexington Drive Croton on Hudson NY 10520
Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
Name and Title:	_____	Name and Title:	_____
Address	_____	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: B & C Corporate Services, Inc.

Address: 2 South Biscayne Boulevard, 21st Floor

Miami, FL 33131

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Mauricio D. Rivero

Address: Nelson Mullins Broad and Cassel

2 South Biscayne Boulevard, 21st Floor
Miami, FL 33131

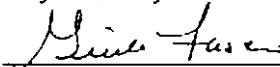
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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.)

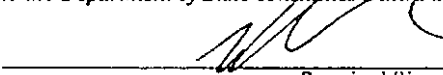
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

12/6/18
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

12/6/18
Date

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