

STATE OF ALABAMA

DOMESTIC NONPROFIT CORPORATION
CERTIFICATE OF FORMATION

PURPOSE: In order to form a Nonprofit Corporation under Section 10A-1-3.05 and 10A-3-3.02 of the Code of Alabama 1975 this Certificate Of Formation and the appropriate filing fees must be filed with the Office of the Judge of Probate in the county where the corporation's initial registered office is located. **The information required in this form is required by Title 10A.**

INSTRUCTIONS: Mail one (1) signed original and two (2) copies of this completed form and the appropriate filing fees to the Office of the Judge of Probate in the county where the corporation's registered office is/will be located. Contact the Judge of Probate's Office to determine the county filing fees. **Make a separate check or money order payable to the Secretary of State for the state filing fee of \$100.00** and the Judge of Probate's Office will transmit the fee along with a certified copy of the Certificate to the Office of the Secretary of State within 10 days after the Certificate is issued. Once the Secretary of State's Office has indexed the filing the information will appear at www.sos.alabama.gov under the Government Records tab and the Business Entity Records link – you may search by entity name. Your notification of filing was provided by the Probate Judge's Office via a stamped copy and the Secretary of State's Office does not send out a copy. You may pay the Secretary of State fees by credit card if the county you are filing in will accept that method of payment (see attached). Your corporation will not be indexed if the credit card does not authorize and will be removed from the index if the check is dishonored.



20121016000397700 1/4 \$156.00
Shelby Cnty Judge of Probate, AL
10/16/2012 02:01:39 PM FILED/CERT

(For County Probate Office Use Only)

This form must be typed or laser printed.

Facing Forward

1. The name of the corporation: _____
2. **A copy of the Name Reservation certificate from the Office of the Secretary of State must be attached.**
3. This nonprofit corporation (MUST check one):
☐ ___ has Members **or** ☒ ___ has no Members

This form was prepared by: (type name and full address)

Constance Fievet-Crawford 541 Treymoor Lake Circle; Alabas
Alabaster, AL 35007

(For SOS Office Use Only)

DOMESTIC NONPROFIT CORPORATION CERTIFICATE OF FORMATION

541 Treymoor Lake Circle; Alabaster, AL

35007

4. Street (**No PO Boxes**) address of principal office of the corporation: _____

Mailing address of principal office (if different from street address): _____

5. The name of the Registered Agent: _____

6. Street (**No PO Boxes**) address of Registered Agent (if different from principal office address): _____

Mailing address of Registered Agent (if different from street address): _____

teach women coming from domestic violence situations how to dress
7. Purpose for which corporation is formed: _____
and conduct themselves for successful job interviews and to give gifts of makeup and skin care to start out.

_____; the
purpose includes the transaction of any lawful business for which nonprofit corporations may be
incorporated in Alabama under Title 10A, Chapter 3 of the Code of Alabama.

8. Period of duration shall be perpetual unless stated otherwise by an attached exhibit.
Constance Fievet-Crawford

9. The name(s) of the Incorporator(s): _____

541 Treymoor Lake Circle; Alabaster, AL 35007

Street (**No PO Boxes**) address of Incorporator(s): _____

Mailing address of Incorporator(s) – (if
different from street address): _____

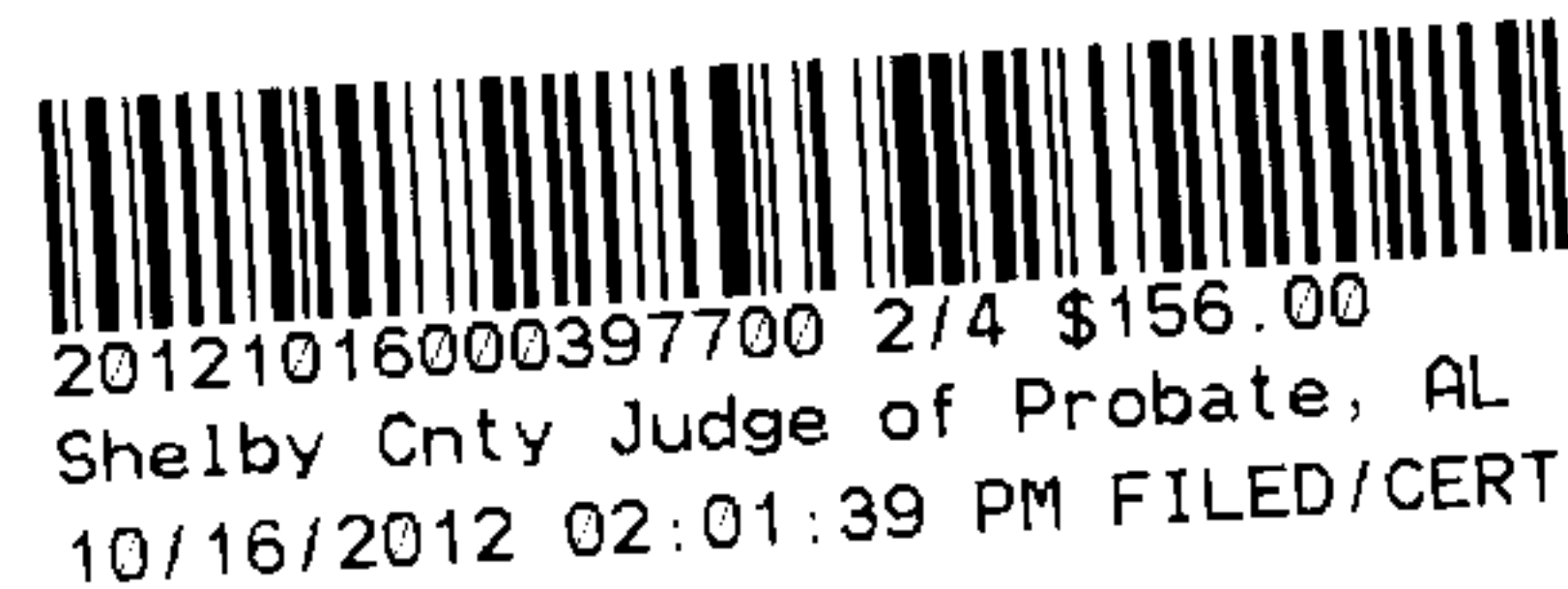
Attach a listing if more Incorporators need to be added (type “see attached” in the name line).

10. The number of Directors constituting the initial Board of Directors is 1. The initial Directors names
and addresses must be listed in this Certificate of Formation.

Director's Name: Constance Fievet-Crawford

Street (**No PO Boxes**) address of Director 541 Treymoor Lake Circle; Alabaster, AL; 35007

Mailing address of Director(s) - (if different
from street address): _____



DOMESTIC NONPROFIT CORPORATION CERTIFICATE OF FORMATION

Director's Name: _____

Street (**No PO Boxes**) address of Director: _____

_____ Mailing address of Director(s) - (if different
from street address): _____

Director's Name: _____

Street (**No PO Boxes**) address of Director: _____

_____ Mailing address of Director(s) - (if different
from street address): _____

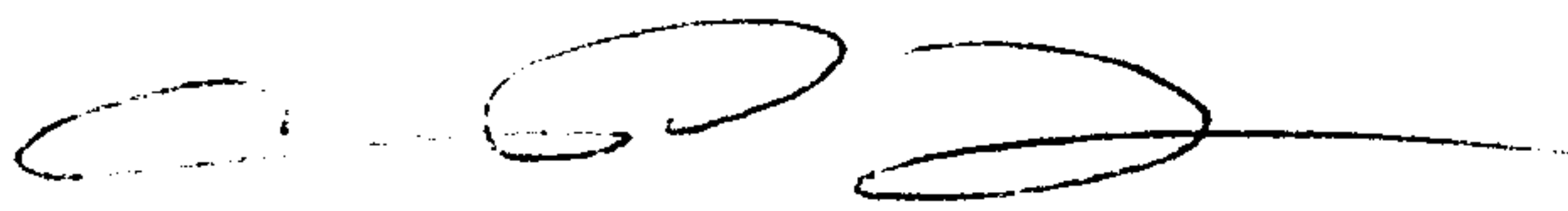
Attach listing if more Directors need to be added (type "see attached" in the name line for the first Director on this form).

11. Unless an attachment to this Certificate of Formation provides that a change in the number of directors shall be made only by amendment to the Certificate of Formation, a change in the number of directors made by amendment to the bylaws shall be controlling. In all other cases, whenever a provision of the Certificate of Formation is inconsistent with a bylaw, the provision of the Certificate of Formation shall be controlling.

☐

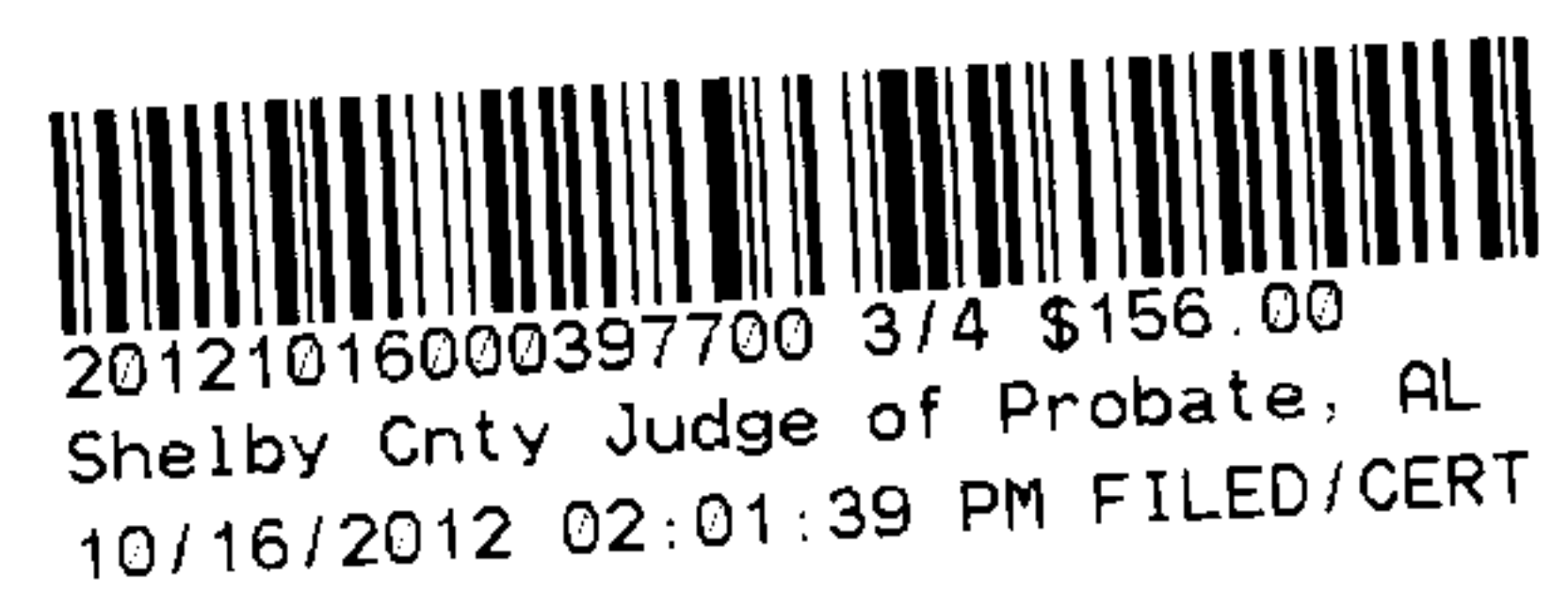
Attached are any other provisions that are not inconsistent with law relating to organization, ownership, governance, business, or regulation of the internal affairs of the nonprofit corporation, including any provisions for distribution of assets on dissolution or final liquidation.

1 11/01/2012
Date (MM/DD/YYYY)


Signature as required by 10A-1-3.04

Constance Fievet-Crawford
Typed Name of Above Signature

Founder/Director
Typed Title/Capacity to Sign under 10A-1-3.04



Beth Chapman
Secretary of State

P. O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

**I, Beth Chapman, Secretary of State of Alabama, having custody of the
Great and Principal Seal of said State, do hereby certify that**

pursuant to the provisions of Title 10A, Chapter 1, Article 5, *Code of Alabama
1975*, and upon an examination of the entity records on file in this office, the
following entity name is reserved as available:

Facing Forward

This domestic nonprofit corporation is proposed to be formed in Alabama and is
for the exclusive use of Constance Fievet, 541 Treymoor Lake Circle, Alabaster,
AL 35007 for a period of one hundred twenty days beginning October 3, 2012 and
expiring January 31, 2013.



612-348

**In Testimony Whereof, I have hereunto set my
hand and affixed the Great Seal of the State, at the
Capitol, in the city of Montgomery, on this day.**

October 3, 2012

Date

Beth Chapman

Beth Chapman

Secretary of State

20121016000397700 4/4 \$156.00
Shelby Cnty Judge of Probate, AL
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