

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](http://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.

**This form must be typed or laser printed.**

1. The name of the corporation: HIS HANDS OF GRACE MINISTRY, LLC
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)

BARBARA G JONES, 927 11TH AVE, PL GROVE, AL 35111



20160726000260770 1/4 \$159.00  
Shelby Cnty Judge of Probate, AL  
07/26/2016 02:43:30 PM FILED/CERT

**(For County Probate Office Use Only)**

**(For SOS Office Use Only)**

# DOMESTIC NONPROFIT CORPORATION CERTIFICATE OF FORMATION

4. Street (**No PO Boxes**) address of principal office of the corporation: 30400 HWY 25,  
WILSONVILLE, AL 35186

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

5. The name of the Registered Agent: MICHELLE FRANKLIN

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

Mailing address of Registered Agent (if different from street address): 30400 HWY 25, WILSONVILLE,  
ALABAMA 35186

7. Purpose for which corporation is formed: TO PROVIDE GROCERIES FOR FAMILYS IN NEED.

\_\_\_\_\_ ; 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.

9. The name(s) of the Incorporator(s): MICHELL FRANKLIN AND JAMISBN FRANKLIN

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

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

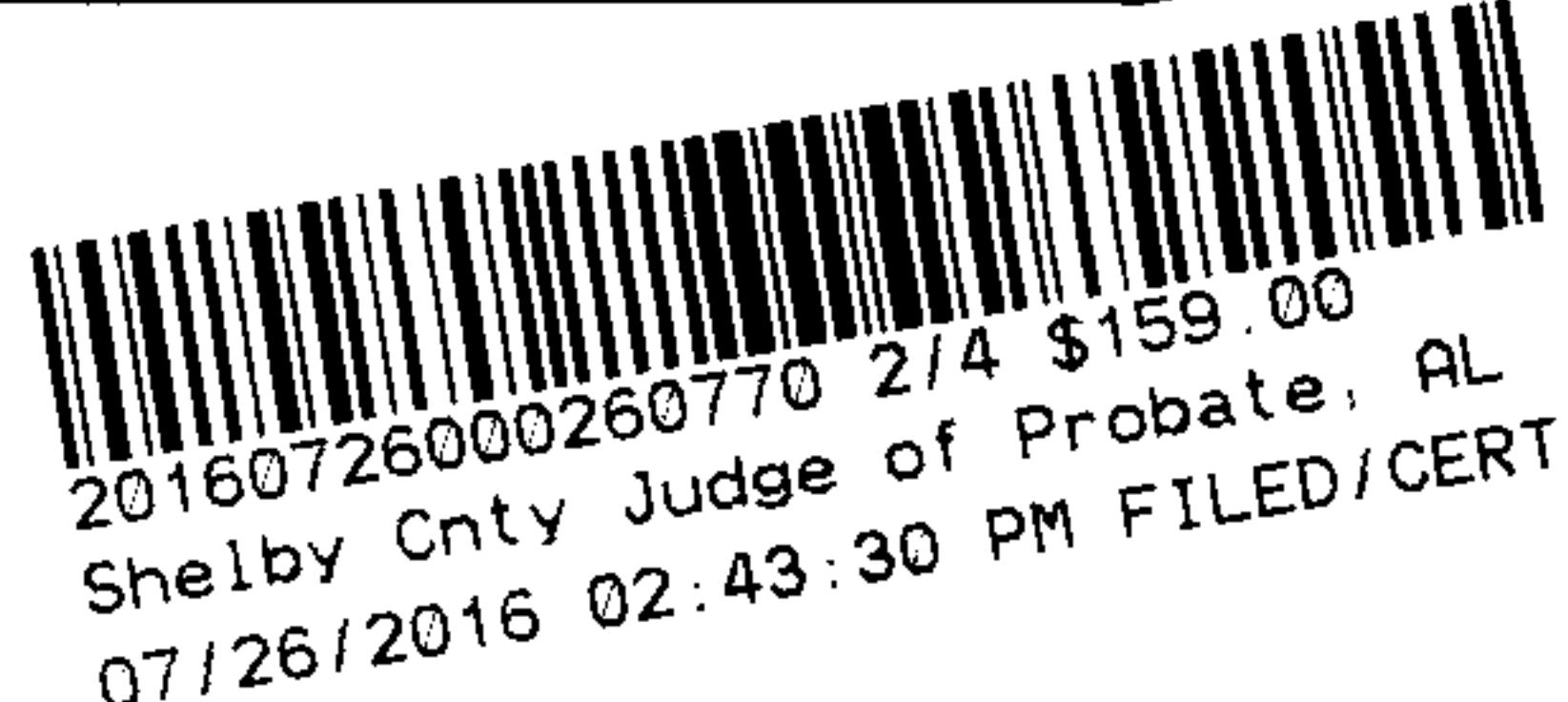
**Attach a listing if more Incorporators need to be added (type “see attached” in the name line).**

10. The number of Directors constituting the initial Board of Directors is 3. (Minimum of 3 under section 10A-3-2.09) The initial Directors names and addresses must be listed in this Certificate of Formation.

Director's Name: MICHELLE FRANKLIN

Street (**No PO Boxes**) address of Director: 30400 HWY 25, WILSONVILLE, AL 35186

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



# DOMESTIC NONPROFIT CORPORATION CERTIFICATE OF FORMATION

Director's Name: JAMISON FRANKLIN

Street (**No PO Boxes**) address of Director: 30400 HWY 25, WILSONVILLE, AL 35186

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

Director's Name: CHRISTINA TAYLOR, 1742 APT C, WOODBROOK TRAIL, ALABASTER, AL 35007

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.

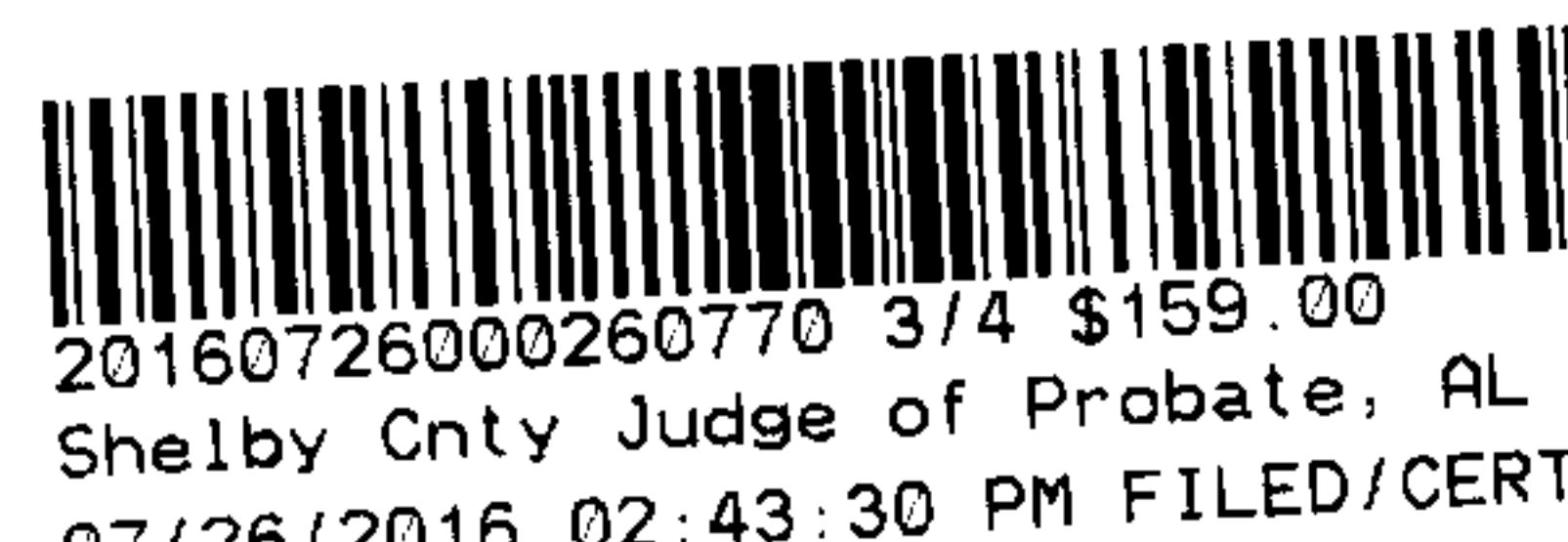
Attached are any other provisions that are not inconsistent with law relating to organization, ownership, governance, business, or regulation of the internal affairs of the nonprofit corporation, including any provisions for distribution of assets on dissolution or final liquidation.

07/26/2016  
Date (MM/DD/YYYY)

*Michelle Franklin*  
Signature as required by 10A-1-3.04

MICHELLE FRANKLIN  
Typed Name of Above Signature

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



JOHN H. MERRILL  
SECRETARY OF STATE

ALABAMA STATE CAPITOL  
MONTGOMERY, AL 36130

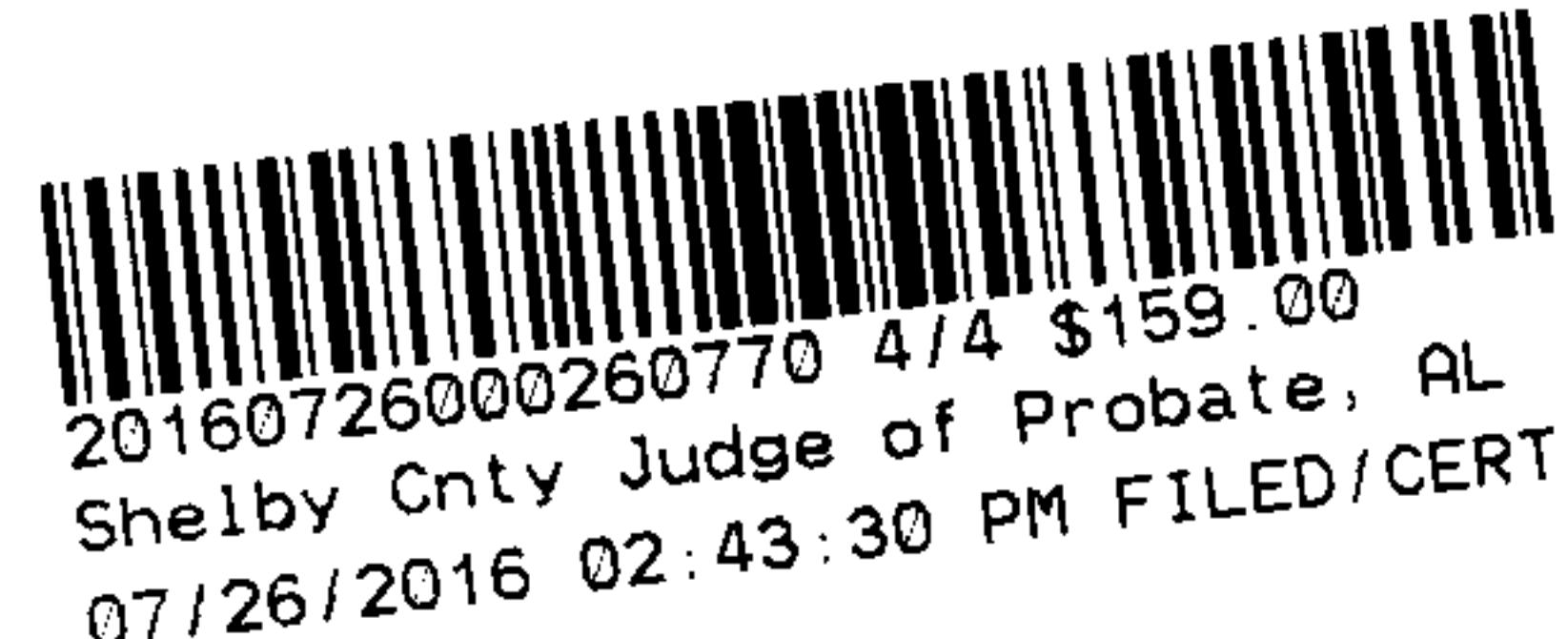
# STATE OF ALABAMA

I, John H. Merrill, Secretary of State of the 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:

## His Hands of Grace Ministry LLC

This name reservation is for the exclusive use of Michelle Franklin, 30400 hwy 25, Wilsonville, AL 35186 for a period of one year beginning April 14, 2016 and expiring April 14, 2017.



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.

\_\_\_\_\_  
Date

April 14, 2016

John H. Merrill

Secretary of State

RES717701

