STATE OF ALABAMA

DOMESTIC NONPROFIT CORPORATION CERTIFICATE OF FORMATION

DNP Corp Cert of Formation - 01/2020

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

Shelby Cnty Judge of Probate, AL

(For County Probate Office Use Only)

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 recorded. 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 filing will not be indexed if the credit card does not authorize and will be removed from the index if the check is dishonored (\$30.00 fee).

This form must be typed or la	aser printed.
1. The name of the corporation: Hear My Cry Sisterhood	
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) Arlene Henderson 204 Golden Meadows Way Alabaster, Al 35007	(For SOS Office Use Only)

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4.	Street (No PO Boxes) address of principal office of the corporation: 204 Golden Meadows Way		
	Alabaster, Al 35007		
	Mailing address of principal office (if different from street address): 204 Golden Meadows Way		
	Alabaster, Al 35007		
5.	The name of the Registered Agent: Arlene Henderson		
6.	Street (No PO Boxes) address of Registered Agent (if different from principal office address):		
	204 Golden Meadows Way Alabaster, Al 35007		
	Mailing address of Registered Agent (if different from street address):		
	204 Golden Meadows Way Alabaster, Al 35007		
7.	Purpose for which corporation is formed: To inspire and advocate financial independence and		
	personal development for women. ; 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): Arlene Henderson		
	Street (No PO Boxes) address of Incorporator(s): 204 Golden Meadows Way Alabaster, Al 35007		
	Mailing address of Incorporator(s) – (if		
	different from street address): 204 Golden Meadows Way Alabaster, Al 35007 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 The initial Directors names and addresses must be listed in this Certificate of Formation.		
	Director's Name: Arlene Henderson		
	Street (No PO Boxes) address of Director: 204 Golden Meadows Way Alabaster, Al 35007		
	Mailing address of Director(s) - (if different		
	from street address):		

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Shelby Cnty Judge of Probate, AL 05/18/2020 11:14:54 AM FILED/CERT

DOMESTIC NONPROFIT CORPORATION CERTIFICATE OF FORMATION

Director's Name: Tama Tucker	
Street (No PO Boxes) address of Directe	or: 204 Golden Meadows Way Alabaster, Al 35007
	Mailing address of Director(s) - (if different
from street address):	<u>, </u>
Director's Name: Candace Washington	
Street (No PO Boxes) address of Director: 204 Golden Meadows Way Alabaster, Al 35007	
	Mailing address of Director(s) - (if different
from street address):	
Director on this form). 1. Unless an attachment to this Certificate be made only by amendment to the Certamendment to the bylaws shall be contracted formation is inconsistent with a bylaw, Attached are any other provisions the contraction of the contraction	of Formation provides that a change in the number of directors shall rtificate of Formation, a change in the number of directors made by rolling. In all other cases, whenever a provision of the Certificate of the provision of the Certificate of Formation shall be controlling. The provision of the Certificate of Formation shall be controlling. The provision of the Certificate of Formation shall be controlling.
provisions for distribution of assets of the second	on dissolution or final liquidation. <u>Arlene Henderson</u>
Date (MM/DD/YYY)	Signature as required by 10A-1-3.04
	Arlene Henderson Typed Name of Above Signature
	Director Typed Title/Capacity to Sign under 10A-1-3.04

John H. Merrill Secretary of State

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

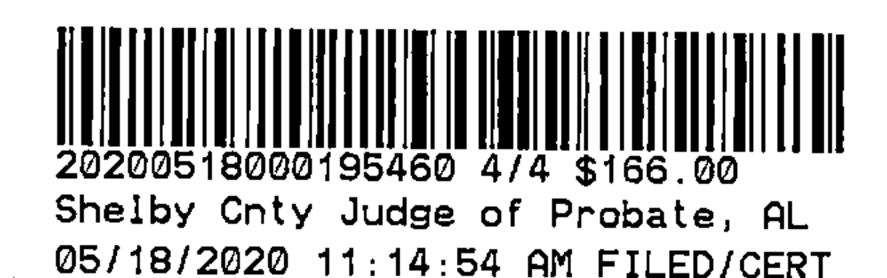
STATE OF ALABAMA

I, John H. Merrill, 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:

Hear My Cry Sisterhood

This name reservation is for the exclusive use of Arlene Henderson, 204 Golden Meadows Way, Alabaster, AL 35007 for a period of one year beginning April 27, 2020 and expiring April 27, 2021





RES880610

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.

April 27, 2020

Date

J.W.Mill

John H. Merrill

Secretary of State