

**STATE OF GEORGIA**  
**Secretary of State**  
**Corporations Division**  
**313 West Tower**  
**2 Martin Luther King, Jr. Dr.**  
**Atlanta, Georgia 30334-1530**

**CERTIFICATE OF INCORPORATION**

I, **Brad Raffensperger**, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

**MICHAEL KEL WILLIAMS FOUNDATION, INC.**  
a Domestic Nonprofit Corporation

has been duly incorporated under the laws of the State of Georgia on **08/05/2021** by the filing of articles of incorporation in the Office of the Secretary of State and by the paying of fees as provided by Title 14 of the Official Code of Georgia Annotated.

WITNESS my hand and official seal in the City of Atlanta  
and the State of Georgia on **08/24/2021**.



*Brad Raffensperger*

Brad Raffensperger  
Secretary of State

ARTICLES OF INCORPORATION  
OF  
MICHAEL KEL WILLIAMS FOUNDATION, INC.  
A NONPROFIT CORPORATION.

ONE: The name and address of this corporation is. MICHAEL KEL WILLIAMS FOUNDATION, INC. located at. 1309 OAKCREST DRIVE, ATLANTA GA 30311, FULTON COUNTY.

TWO: This corporation is a nonprofit corporation organization under the law of the state of Georgia. This corporation is organized exclusively for charitable, religious, educational and scientific purposes including, for such purposes the making of distributions to organizations that qualify as exempt organizations under section 501 (C)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

THREE: The duration of this corporation shall be perpetual, shall have no members and shall have volunteers.

FOUR: The registered agent of this corporation is MICHAEL WILLIAMS II, 1309 OAKCREST DRIVE, ATLANTA, GA 30311, FULTON COUNTY. This corporation is organized pursuant to the Georgia nonprofit corporation. Code.

FIVE: The corporation is organized and operated exclusively for Education and Charitable purposes within the meaning of section 501 (C)(3) of the Internal Revenue Code. Not with standing any other provision of these articles, the corporation shall not carry on any other activities not permitted to carry on (1) by a corporation exempt from Federal Income Tax under section 501 (C)(3) of the Internal Revenue Code or (2) by corporation contributions to which are deductible under Section 170 (C) 2 of the Internal Revenue Code.

SIX: The name and address of the Incorporator of this corporation is: MICHAEL WILLIAMS II, 1309 OAKCREST DRIVE, GA 30312, FULTON COUNTY

SEVEN: The property of this corporation is irrevocably dedicated to charitable and education purposes and no part of the net income or assets of the organization shall ever insure the benefit of any private person.

EIGHT: On the dissolution of the corporation, its assets remaining after payment of, or provision for payment of all debts and liabilities of this corporation, shall be distributed to a non-profit fund, foundation, or corporation which is organized and operated exclusively for religious, charitable and education under section 501 (C)(3) of the Internal Revenue Code.

IN WITNESS WHERE OF the undersigned executed these articles of incorporation on AUGUST 3, 2021.

MICHAEL WILLIAMS II  
Incorporator

A handwritten signature in black ink that reads "Michael Williams II". The signature is written in a cursive style with a prominent vertical stroke at the end.



Secretary of State

OFFICE OF SECRETARY OF STATE  
CORPORATIONS DIVISION  
2 Martin Luther King Jr. Dr. SE  
Suite 313 West Tower  
Atlanta, Georgia 30334  
(404) 656-2817  
sos.ga.gov

\*Electronically Filed\*  
Secretary of State  
Filing Date: 8/5/2021 7:41:44 AM

TRANSMITTAL INFORMATION FORM  
GEORGIA PROFIT, NONPROFIT OR PROFESSIONAL CORPORATION

Primary Email Address: **michaelkelwilliams@gmail.com**

1. Entity Type (check one only)  Profit Corporation  Nonprofit Corporation  Professional Corporation  Benefit Corporation

Corporate Name Reservation Number (if one has been obtained; if articles are being filed without prior reservation, leave this line blank)

**MICHAEL KEL WILLIAMS FOUNDATION, INC.**

Corporate Name (List exactly as it appears in articles.)

2. **MICHAEL WILLIAMS, II**

Name of Person Filing Articles of Incorporation

**1309 OAKCREST DRIVE**

Address

**ATLANTA**

City

**GA**

State

**30311**

Zip Code

3. **1309 OAKCREST DRIVE**

Principal Office Mailing Address of Profit/Non Profit Corporation (Unlike registered office address, this may be a post office box.)

**ATLANTA**

City

**GA**

State

**30311**

Zip Code

4. **MICHAEL WILLIAMS, II**

Name of Registered Agent in Georgia

**1309 OAKCREST DRIVE**

Registered Office Street Address in Georgia (Post office box or mail drop not acceptable for registered office address.)

**ATLANTA**

City

**Fulton**

County

**GA**

State

**30311**

Zip Code

**michaelkelwilliams@gmail.com**

Registered Agent's Email Address

5. Name and Address of Each Incorporator

**MICHAEL WILLIAMS, II**

Incorporator

**1309 OAKCREST DRIVE**

Address

**ATLANTA**

City

**GA**

State

**30311**

Zip Code

6. ANNUAL REGISTRATION AGREEMENT

- n Georgia corporations incorporated between January 1 – October 1 must file its annual registration with the Secretary of State within 90 days after the date its articles of incorporation are filed with the Secretary of State.
- n Georgia corporations incorporated between October 2 – December 31 must file its annual registration with the Secretary of State between January 1 and April 1 of the next year succeeding the calendar year of its incorporation.

7. Submitted with this filing is a filing fee of \$100.00 payable to "Secretary of State". Filing fees are non-refundable. I certify that a Notice of Incorporation or Notice of Intent to Incorporate with a publication fee of \$40.00 has been or will be mailed or delivered to the official organ of the county where the initial registered office of the corporation is to be located. (The clerk of superior court can advise you of the official organ in a particular county.) I understand that this Transmittal Information Form is included as part of my filing, and the information on this form will be entered in the Secretary of State business entity database. I certify that the above information is true and correct to the best of my knowledge.

**MICHAEL WILLIAMS, II**

Signature of Authorized Person