



NORTH CAROLINA

Department of The Secretary of State

To all whom these presents shall come, Greetings:

I, **ELAINE F. MARSHALL**, Secretary of State of the State of North Carolina, do hereby certify the following and hereto attached to be a true copy of

ARTICLES OF INCORPORATION

OF

LUMP TO LAUGHTER, INC.

the original of which was filed in this office on the 28th day of September, 2005.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 28th day of September, 2005

Elaine F. Marshall

Secretary of State

Document Id: C20052700010

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C200527000109

SOSID: 804966
Date Filed: 9/28/2005 2:25:00 PM
Elaine F. Marshall
North Carolina Secretary of State
C200527000109

State of North Carolina
Department of the Secretary of State

ARTICLES OF INCORPORATION
NONPROFIT CORPORATION

Pursuant to §55A-2-02 of the General Statutes of North Carolina, the undersigned corporation does hereby submit these Articles of Incorporation for the purpose of forming a nonprofit corporation.

1. The name of the corporation is: Lump to Laughter, Inc.
2. (Check only if applicable.) The corporation is a charitable or religious corporation as defined in NCGS §55A-1-40(4).
3. The street address and county of the initial registered office of the corporation is:
Number and Street 137 High Tide Drive
City, State, Zip Code Wilmington, NC 28411 County New Hanover
4. The mailing address *if different from the street address* of the initial registered office is:
same as above
5. The name of the initial registered agent is:
Connie D. Hill
6. The name and address of each incorporator is as follows: Anthony L. Register, Alley Register & McEachern
401 Chestnut Street, Suite 1, Wilmington, NC 28401
7. (Check either a or b below.)
a. The corporation will have members.
b. The corporation will not have members.
8. Attached are provisions regarding the distribution of the corporation's assets upon its dissolution.
9. Any other provisions which the corporation elects to include are attached.
10. The street address and county of the principal office of the corporation is:
Number and Street 137 High Tide Drive
City, State, Zip Code Wilmington, NC 28411 County New Hanover
11. The mailing address *if different from the street address* of the principal office is:
same as above

Revised January 2000

Form N-01

CORPORATIONS DIVISION

P. O. BOX 29622

RALEIGH, NC 27626-0622

12. These articles will be effective upon filing, unless a later time and/or date is specified: _____

This is the 13th day of September, 2005.

Signature of Incorporator

Anthony L. Register **INCORPORATOR**
Type or print Incorporator's name and title, if any

NOTES:

1. Filing fee is \$60. This document must be filed with the Secretary of State.

Revised January 2000

Form N-01

CORPORATIONS DIVISION

P. O. BOX 29622

RALEIGH, NC 27626-0622

C200527000109

Attachment concerning paragraph 8:

Upon dissolution pursuant to G.S. 55A-14-02, all liabilities and obligations of the corporation shall be paid and discharged or adequate provision will be made therefore. The remainder of the corporation's assets shall be distributed in accordance with the provisions of G.S. 55A-14-03 (a)(1) & (2) which, after payment or provision for liabilities and obligations and returns, transfers and conveyances required by reason of dissolution, require the distribution of remaining assets to the United States, a state, a charitable or religious corporation or a person that is exempt under section 501(c)(3) of the Internal Revenue Code of 1986 or any successor section. Said 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 of 1986 (or the corresponding provision of any future United States Internal Revenue Law).

No part of the net earnings of the corporation shall inure to the benefit of or be distributable to its members, trustees, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in paragraph 3 of the Articles of Incorporation. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in or intervene in (including the publishing or distribution of statements any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code of 1986 (or the corresponding provision of any future United States Internal Revenue Law) or (b) by a corporation, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code of 1986 (or corresponding provision of any future United States Internal Revenue Law).



Internal Revenue Service

The
Digital
Daily

DEPARTMENT OF THE TREASURY

Federal Tax ID / EIN

This is your provisional Employer Identification Number:

20-3455921

Today's Date is: September 13, 2005 GMT

You will receive a confirmation letter in U.S. mail within fifteen days.

The letter will also contain useful tax information for your business or organization.

If you have input any of the information on your application in error, please wait seven days and contact the EIN Toll Free area at 1-800-829-4933, Monday - Friday, 7:30am - 5:30pm. If you do not want to call, please make corrections on the letter you receive confirming your EIN and return it to the IRS.

If you are going to complete other on-line applications that require your Employer Identification Number(EIN) you can copy it by performing the following steps:

- 1) Use your mouse to highlight your EIN (blue number on top of page) by moving your pointer on top of the number.
- 2) Press the Ctrl key at the same time pressing the C key.

Once you copy your EIN you can paste it in the appropriate place by pressing the Ctrl key at the same time pressing the V key.

You may click on the buttons below for different print options or to fill out another Form SS-4.

[Review and Print Form SS-4](#)

[Fill Out Another Form SS-4](#)

[Click here to return to the Internet Employer Identification Number landing \(start\) page.](#)

Form SS-4 (Rev. December 2001) Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Application for Employer Identification Number</h2> <p style="margin: 0;">(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)</p> <p style="margin: 0;">▶ See separate instructions for each line. ▶ Keep a copy for your records.</p>	EIN 20-3455921 OMB No. 1545-0003																
1* Legal name of entity (or individual) for whom the EIN is being requested Lump to Laughter Inc																		
2 Trade name of business (if different from name on line 1)		3* Executor, trustee, "care of" name Connie D Hill																
4a* Mailing address (room, apt., suite no. and street, or P.O. box) 137 High Tide Drive		5a Street address (if different) (Do not enter a P.O. box)																
4b* City, state, and ZIP code Wilmington NC 28411 -		5b City, state, and ZIP code																
6* County and state where principal business is located County New Hanover State NC																		
7a Name of principal officer, general partner, grantor, owner, or trustor		7b SSN, ITIN, EIN																
8a* Type of entity (check only one) <table style="width:100%; border: none;"> <tr> <td style="width:40%; border: none;"> <input type="checkbox"/> Sole Proprietor (SSN) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ <input type="checkbox"/> Personal Service <input type="checkbox"/> Church or church-controlled organization <input checked="" type="checkbox"/> Other nonprofit organization (specify) ▶ religious <input type="checkbox"/> Other (specify) ▶ </td> <td style="width:60%; border: none;"> <input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC <input type="checkbox"/> Group Exemption NO. (GEN) ▶ </td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"> <input type="checkbox"/> State/local government <input type="checkbox"/> Federal government/military <input type="checkbox"/> Indian tribal government/enterprises </td> </tr> </table>			<input type="checkbox"/> Sole Proprietor (SSN) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ <input type="checkbox"/> Personal Service <input type="checkbox"/> Church or church-controlled organization <input checked="" type="checkbox"/> Other nonprofit organization (specify) ▶ religious <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC <input type="checkbox"/> Group Exemption NO. (GEN) ▶		<input type="checkbox"/> State/local government <input type="checkbox"/> Federal government/military <input type="checkbox"/> Indian tribal government/enterprises												
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8i Corporation, name the state or foreign country (if applicable) where incorporated NC		Foreign country																
9* Reason for applying (check only one) <table style="width:100%; border: none;"> <tr> <td style="width:40%; border: none;"> <input type="checkbox"/> Started new business (specify type) ▶ <input type="checkbox"/> Hired employees (Check the box and see line 12) <input type="checkbox"/> Compliance with IRS withholding regulations <input checked="" type="checkbox"/> Other (specify) ▶ religious </td> <td style="width:60%; border: none;"> <input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶ </td> </tr> </table>			<input type="checkbox"/> Started new business (specify type) ▶ <input type="checkbox"/> Hired employees (Check the box and see line 12) <input type="checkbox"/> Compliance with IRS withholding regulations <input checked="" type="checkbox"/> Other (specify) ▶ religious	<input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶														
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10* Date business started or acquired (month, day, year) SEP 13 2005		11 Closing month of accounting year																
12 First date wages or annuities were paid or will be paid (month, day, year) Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)																		
13 Highest number of employees expected in the next twelve months Note: If the applicant does not expect to have any employees during the period, enter "-0-"		<table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;">Agriculture 0</td> <td style="width:33%; border: none;">Household 0</td> <td style="width:33%; border: none;">Other 0</td> </tr> </table>	Agriculture 0	Household 0	Other 0													
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14* Check box that best describes the principal activity of your business <table style="width:100%; border: none;"> <tr> <td style="width:25%; border: none;"><input type="checkbox"/> Construction</td> <td style="width:25%; border: none;"><input type="checkbox"/> Rental & leasing</td> <td style="width:25%; border: none;"><input type="checkbox"/> Transportation & warehousing</td> <td style="width:25%; border: none;"><input type="checkbox"/> Health care & social assistance</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Real estate</td> <td style="border: none;"><input type="checkbox"/> Manufacturing</td> <td style="border: none;"><input type="checkbox"/> Finance & insurance</td> <td style="border: none;"><input type="checkbox"/> Accommodation & food service</td> </tr> <tr> <td colspan="3" style="border: none;"><input checked="" type="checkbox"/> Other (specify) religious and educate</td> <td style="border: none;"><input type="checkbox"/> Retail</td> </tr> <tr> <td colspan="2" style="border: none;"><input type="checkbox"/> Wholesale-agent/broker</td> <td colspan="2" style="border: none;"><input type="checkbox"/> Wholesale-other</td> </tr> </table>			<input type="checkbox"/> Construction	<input type="checkbox"/> Rental & leasing	<input type="checkbox"/> Transportation & warehousing	<input type="checkbox"/> Health care & social assistance	<input type="checkbox"/> Real estate	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance & insurance	<input type="checkbox"/> Accommodation & food service	<input checked="" type="checkbox"/> Other (specify) religious and educate			<input type="checkbox"/> Retail	<input type="checkbox"/> Wholesale-agent/broker		<input type="checkbox"/> Wholesale-other	
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15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. cancer education																		
16a* Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note If "Yes" please complete lines 16b and 16c																		
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above <table style="width:100%; border: none;"> <tr> <td style="width:30%; border: none;">Legal name ▶</td> <td style="width:30%; border: none;">Trade name ▶</td> <td style="width:40%; border: none;"></td> </tr> </table>			Legal name ▶	Trade name ▶														
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16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. <table style="width:100%; border: none;"> <tr> <td style="width:30%; border: none;">Approximate date when filed (month, day, year)</td> <td style="width:30%; border: none;">City and state where filed</td> <td style="width:40%; border: none;">Previous EIN</td> </tr> </table>			Approximate date when filed (month, day, year)	City and state where filed	Previous EIN													
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Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form																		
Third Party Designee Designee's name Address and ZIP code		Designee's telephone number (include area code) (910) 686 - 1190 Designee's tax number (include																