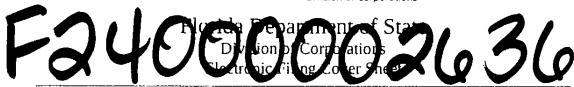
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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Fax Number : (813)436-5206

nter the email address for this business entity to be used for future र्द्धिnnual report mailings. Enter only one email address please.**

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FOREIGN PROFIT/NONPROFIT CORPORATION

Health Reform Mission

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

Electronic Filing Menu Corporate Filing Menu

Help

5/17/2024 11:42:19 PDT

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

(Name of corpo	form Mission pration: must include the word "INCORPO	ORATED" or "CORPORATION" or words or abbrev	iations of like
in the name at p	age as will clearly indicate that it is a corporesent. "Company" or "Co." may not be u	poration instead of a natural person or partnership if n used as a corporate suffix by a nonprofit corporation.)	ot so contained
Health Refo	orm Mission Inc		
(If name unava	ailable in Florida, enter alternate corporate	te name adopted for the purpose of transacting busines	ss in Florida)
\ <i>M</i> .A			
(State or cour	ntry under the law of which it is incorpora	ated) (FEI number, if applicable)	
(5.4.0 5. 254.	and the term of which it is also por	(i St hamber, ii drymeable)	
(1)	Date of Incorporation)	5,	octual)
(Date first cond	neted affairs in Florida if prior to registratio	on, See sections 617, [501] & 617, 1502, F.S., to determine	e penalty liability.)
	ERSIDE AVE STE N SPOKANE		
	(Princip	pal office street address)	
522 W RIVI	ERSIDE AVE STE N SPOKANE	F WA 99201	
		nailing address, if different)	
		•	
The purpos	se of this organization includes.	but is not limited to: to reach teach and :	serve all.
(Purpose(s) of	corporation authorized in home state or co	but is not limited to: to reach teach and sountry to be carried out in the state of Florida)	
M 1	ALL OF CELLS	A CO D NOT A LLD	יין לי
Name and str	eet address of Florida registered agent	t: (P.O. Box <u>NOT</u> acceptable)	Ţ.
Name:	Northwest Registered Agent LL	LC	LUL4KAY 17
: varie.	7901 4th St N STE 300		7
ince Address:	St. Petersburg		量
	(City)	, Florida 33702 (Zip Code)	AH 10: 3
	(=-9)	V-4	လ လ
). Registered	l agent's acceptance:		at a salt salt sa
signated in th rther agree to	nis application, I hereby accept the ap ocomply with the provisions of all sta	ppointment as registered agent and agree to act atutes relative to the proper and complete perfor	in this canacity.
		Λ /	
	- / / /		
	/aglor	stered agent's signature)	•
lesignated in th urther agree to	nis application, I hereby accept the ap o comply with the provisions of all sta- iar with and accept the obligations of	atutes relative to the proper and complete perfor f my position as registered agent.	in this ca

the Department of State, by the Secretary of State or other official having custody of corporate records in the

jurisdiction under the law of which it is incorporated.

5/17/2024 11:42:19 PDT To: 18506176383 Page: 3/4 Fax: 8134365206

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTOF □Chairman	Name: Dr. Joseph Anderson II	UChairman	Name: Wildilia Stolpe
□Vice Chairman	Address:	□Vice Chairman	Address:
Director	522 W RIVERSIDE AVE STE N	■ Director	522 W RIVERSIDE AVE STE N
□President	SPOKANE, WA 99201	□President	SPOKANE, WA 99201
□Vice President		□ Vice President	
□ Secretary	Treasurer	☐ Secretary	□Treasurer
□Other:	Other:	□Other:	Other:
□Chairman	Name: Dr. Aqulis Bell	□ Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
≘ Director	522 W RIVERSIDE AVE STE N	□Director	
□President	SPOKANE, WA 99201	□ President	
□Vice President		□Vice President	
□Secretary	□Treasurer	☐ Secretary	□Treasurer
□Other:	Other:	Other:	□ Other:
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□ Vice Chairman	Address:
□Director		□Director	
□President		□President	
□Vice President		□ Vice President	
□ Secretary	□Treasurer	☐ Secretary	Treasurer
□Other:	Other:	□Other:	□Other:
Non-indexed indiv	t Notice: Use an attachment to report more the riduals may be added to the index when filing a declaration (Signature of Chairman, Vice Chairman, or a reson, Director	your Florida Department on your florida Department on your florida in number	of State Annual Report form. 12 of the application)





Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

HEALTH REFORM MISSION

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 04/20/2024.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 05/16/2024 UBI Number: 605 527 753

R Hobbie

- 77.33



20:11:41 **-**

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Steve R. Hobbs, Secretary of State

Date Issued: 05/16/2024