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Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	aPlantBasedDiet.org, Inc.
	(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

\$70.00 Filing Fee

\$78.75 Filing Fee & Certificate of

Status

\$78.75

Filing Fee

\$87.50

& Certified Copy

Filing Fee,

Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM:	Brooke Marquis
i Rom.	Name (Printed or typed)
	1020 NW 22nd Ave
	Address
	Delray Beach, FL 33445
	City, State & Zip
	561-523-3770
	Daytime Telephone number

Luvr33si3@gmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

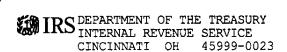
ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

	the corporation shall be:			-
ARTICLE I			Mailing address if different in	
10:	Principal <u>street</u> address: 20 NW 22nd Ave		Mailing address, if different is:	
De	elray Beach, FL 33445			
	for which the corporation is organized is: On the fostering of dogs within		is to rescue, rehabilitate, and unity	
			ligious, educational and scientific purp	
including	for such purposes, the making of	distributions	to organizations that qualify as an ex	em
organizatior	n under section 501(c)(3) of the Internal Re	venue Code, or th	e corresponding section of any future federal ta	X CO
organizatior ARTICLE				X CO
ARTICLE				
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ARTICLE As set fo ARTICLE Name and Ti	IV MANNER OF ELECTION The north in the bylaws. V INITIAL OFFICERS AND/OR D	nanner in which the	directors are elected and appointed:	ix co
ARTICLE As set fo ARTICLE Name and Ti	rth in the bylaws. V INITIAL OFFICERS AND/OR D itle: Brooke Marquis - Presiden	nanner in which the IRECTORS Name and Title	directors are elected and appointed: Mose Johnson - Treasurer	X CO
ARTICLE As set fo ARTICLE Name and Ti	rth in the bylaws. V INITIAL OFFICERS AND/OR D itle: Brooke Marquis - Presiden 1020 NW 22nd Ave	nanner in which the IRECTORS Name and Title	Mose Johnson - Treasurer 1020 NW 22nd Ave	X CO
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ARTICLE AS Set fo ARTICLE Name and Ti Address Name and Ti Address	rth in the bylaws. V INITIAL OFFICERS AND/OR D itle: Brooke Marquis - Presiden 1020 NW 22nd Ave Delray Beach, FL 33445 White: Michael Glass- Secretary 2901 Clint Moore Rd.	nanner in which the IRECTORS The Name and Title Address: Name and Title Address:	Mose Johnson - Treasurer 1020 NW 22nd Ave Delray Beach, FL 33445	X CO

Name and Title:_		_ Name and Title:			
Address		_ Address:			
ARTICLE VI The name and Flo	REGISTERED AGENT rida street address (P.O. Box NOT acc	eptable) of the register	ed agent is:		
Name:	Brooke Marquis				
	1020 NW 22nd Ave	-			
Address:	Delray Beach, FL 3344	15			
ARTICLE VII	INCORPORATOR Iress of the Incorporator is:				
	Brooke Marquis				
Name:	1020 NW 22nd Ave				
Address:	Delray Beach, FL 334	45			
certificate, I am fa	ed as registered agent to accept service miliar with and accept the appointment of Registere Required Signature of Registere	as registered agent an			
/ 🕓 / -	Required Signature of Register	d Agent	-	Date	-
	1 /				
I submit this docu	ment and affirm that the facts stated he of State constitutes a third degree felon			formation submit	ted in a docume

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Date of this notice: 08-11-2016

Employer Identification Number: 81-3529484

Form: SS-4

Number of this notice: CP 575 E

REESIES RESCUE RANCH INC 1020 NW 22ND AVE DELRAY BEACH, FL 33445

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 81-3529484. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

When you submitted your application for an EIN, you checked the box indicating you are a non-profit organization. Assigning an EIN does not grant tax-exempt status to non-profit organizations. Publication 557, Tax-Exempt Status for Your Organization, has details on the application process, as well as information on returns you may need to file. To apply for recognition of tax-exempt status under Internal Revenue Code Section 501(c)(3), organizations must complete a Form 1023-series application for recognition. All other entities should file Form 1024 if they want to request recognition under Section 501(a).

Nearly all organizations claiming tax-exempt status must file a Form 990-series annual information return (Form 990, 990-EZ, or 990-PF) or notice (Form 990-N) beginning with the year they legally form, even if they have not yet applied for or received recognition of tax-exempt status.

Unless a filing exception applies to you (search www.irs.gov for Annual Exempt Organization Return: Who Must File), you will lose your tax-exempt status if you fail to file a required return or notice for three consecutive years. We start calculating this three-year period from the tax year we assigned the EIN to you. If that first tax year isn't a full twelve months, you're still responsible for submitting a return for that year. If you didn't legally form in the same tax year in which you obtained your EIN, contact us at the phone number or address listed at the top of this letter.

For the most current information on your filing requirements and other important information, visit www.irs.gov/charities.