

N/6000010195

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

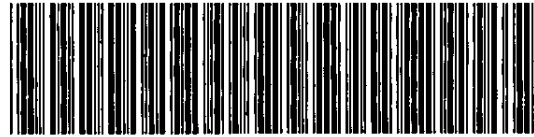
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*Amend.*

FEB 21 2017

D CONNELL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 23, 2017

PATRICK ROBINSON  
CRIMSON MEDICAL MENTORSHIP PROGRAM INC.  
10 COWPERTHWAIT ST., MAILBOX 446  
CAMBRIDGE, MA 02138

SUBJECT: CRIMSON MEDICAL MENTORSHIP PROGRAM INC.  
Ref. Number: N16000010195

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE COMPLETE PAGE 2 OF 4 OF THE ARTICLES OF AMENDMENT AS IT WAS MISSING WHEN WE RECEIVED YOUR DOCUMENT. PLEASE LIST ALL ARTICLES BEING AMENDED ON THE ARTICLES OF INCORPORATION IN THE AMENDMENT FORM AS WE ARE UNABLE TO FILE A NEW SET OF ARTICLES OF INCORPORATION.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6050.

Darlene Connell  
Regulatory Specialist III

Letter Number: 017A00001324

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17 FEB 16 PM 3:08

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Crimson Medical Mentorship Program Inc.

DOCUMENT NUMBER: \_\_\_\_\_

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Patrick Robinson  
(Name of Contact Person)

Crimson Medical Mentorship Program Inc.  
(Firm/ Company)

10 Cowperthwaite st. mailbox 446  
(Address)

Cambridge, Massachusetts 02138  
(City/ State and Zip Code)

pjrob97@gmail.com  
Email address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patrick Robinson at (321) 961-9800  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|--|--|---|---|

**Mailing Address**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED  
17 FEB 16 AM 8:27  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

Crimson Medical Mentorship Program Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this **Florida Not For Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

**B. Enter new principal office address, if applicable:**

(Principal office address **MUST BE A STREET ADDRESS**)

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

10 Cowperthwaite st.  
Cambridge, Massachusetts  
02138

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent:

(Florida street address)

New Registered Office Address:

(City)

Florida

(Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Page 1 of 4

The purpose of the subsequent amended articles is to apply for 501(c)(3) status as a Not-For-Profit. We desire for our articles to be amended to reflect this. ~~Desire~~ attached is our desired structure for our amended articles.

Signed: Patricia Bole

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action  
(Check One)

Title

Name

Address

1) ☒ Change

PD

Patrick Robinson

10 Cowperthwaite st.,  
Cambridge, MA 02138  
mailbox 446

☐ Add

☐ Remove

2) ☒ Change

VD

Edwin Owolo

5 Huckleberry Drive South,  
Norwalk, CT 06850

☐ Add

☐ Remove

3) ☒ Change

SD

Tyler LeComer

18 Enrica Rita Way,  
Stratford, CT 06614

☐ Add

☐ Remove

4) ☐ Change

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Add

☐ Remove

5) ☐ Change

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Add

☐ Remove

6) ☐ Change

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Add

☐ Remove

E. If amending or adding additional Articles, enter change(s) here:  
(attach additional sheets, if necessary). (Be specific)

### Article III Purpose

The corporation is organized exclusively for providing educational opportunities to high school students about professional opportunities in the medical field coupled with related peer mentors, 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 the corresponding section of any future federal tax code.

### Article IV Manner of Election

The manner in which the directors are elected or appointed is by unanimous vote of initial directors and/or their subsequent replacements.

### Article VI Limitations

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 Article III hereof.

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

**E. If amending or adding additional Articles, enter change(s) here:**  
(attach additional sheets, if necessary). (Be specific)

publishing or distribution of statements) any political campaign on  
behalf of or in opposition to any candidate for public office.

Notwithstanding any other provision of these articles, this 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, or the corresponding section of any future  
federal tax code, or (b) by a corporation, contributions to which are  
deductible under section 170(c)(2) of the Internal Revenue Code,  
or the corresponding section of any future federal tax code.

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**Adoption of Amendment(s) (CHECK ONE)**

- ☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated January 9th, 2017

Signature P.J. Robinson  
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Patrick Robinson  
(Typed or printed name of person signing)

President  
(Title of person signing)