N17000003936

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cil	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer;	

Office Use Only



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SECRETARY OF STAIL
TALLAHASSEF FINALE

APR 12 ZOTO C Kinsey

COVER LETTER

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

Changing SUBJECT:	Lives with School Suppli	ies Inc.	
	(PROPOSED CORPORATE	E NAME – <u>MUST INCLÜI</u>	DE SUFFIX)
Enclosed is an original a	and one (1) copy of the Artic	les of Incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate
FROM:	Brynne Rorke {Yippiekiy	•	-
	Name (Prin	ited or typed)	
	_		
	_		
	City, St 303-747-4793	ate & Zip	
	3U3-141 - 41 3 3		

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

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

Daytime Telephone number

supplieschangelives@gmail.com

ARTICLES OF INCORPORATION

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

ARTICLE II	PRINCIPAL OFFICE		
	Principal <u>street</u> address: 080 Verano Way	Mailing address, if different is:	
Boo	ca Raton, FL 33433		
	or which the corporation is organized is:	o improve educational opportunities for students in rces not otherwise available to them.	
Additional	ly, please see attached.		
ARTICLE I As provide ARTICLE Name and Tit Address	V INITIAL OFFICERS AND/OR I	DIRECTORS PH	
As provide ARTICLE Name and Tit	Rikki Michaelson- President 20980 Verano Way Boca Raton, FL 33433 Ira Gulker- Secretary	Mame and Title:	

Name and Title:_		Name and Title:	
Address		Address:	. <u> </u>
_			
Name and Title:_		Name and Title:	
Address		Address:	
	<u> </u>		
ARTICLE VI			
The name and Fl	orida street address (P.O. Box NOT a Rikki Michaelson	cceptable) of the registered agent i	is:
Name:	HIKKI IVIICHAEISON		
Address:	20980 Verano Way		
Address:	Boca Raton, FL 33433		
ARTICLE VII	<i>INCORPORATOR</i>		
	dress of the Incorporator is:		
Name:	Rikki Michaelson		
Address:	20980 Verano Way		
	Boca Raton, FL 33433		
	ned as registered agent to accept serv amiliar with and accept the appointme		ed corporation at the place designated to act in this capacity 04/05/2017
	Required Signature of Registe	ered Agent	Date
	ument and affirm that the facts stated t t of State constitutes a third degree fel		any false information submitted in a do F.S.
Rike Hickarks	N	erry was provinces you are and a collection of the second	04/05/2017
-	Required Signature of Ir		Date

Purpose and Dissolution Clause as required by IRS:

Purpose Clause:

"This organization is organized exclusively for charitable, educational, religious and/or scientific purposes under Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, and shall not inure benefit or earnings to any private shareholder or individual.

Dissolution Clause:

"Upon the winding up and dissolution of this organization, after paying or adequately providing for the debts and obligations of the organization, the remaining assets shall be distributed to a nonprofit fund, foundation or corporation which is organized and operated exclusively for one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, including to another tax-exempt organization under Section 501(c)(3), or shall be distributed to the federal government, or to a state or local government, for a public purpose."