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18 MAY IL AM 10: 23 SECRETARY OF STATE TALLAHASSEE, FLORID

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D O'KEEFE MAY 1 7 2018

COVER LETTER

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

įψ,

Tallahassee, FL 32314									
Grasshop SUBJECT:	per Project Inc.								
	(PROPOSED CORPORATI	E NAME – <u>MUST INCLUI</u>	DE SUFFIX)						
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 & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate						
	ADDITIONAL COPY REQUIRED								
FROM:	Brynne Rorke {Yippiekiyay Nonprofit Solution: ROM: Name (Printed or typed)								
6295 Greenwood Plaza Blvd. Ste 100									
	-								
Greenwood Village, CO 80111									
	City, Si 303-747-4793	ate & Zip							

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

Daytime Telephone number

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

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

ARTICLE I The name of th	NAME Grasshopper F	Project Inc.			
<u>ARTICLE II</u>	PRINCIPAL OFFICE				
Principal street address: 4210 W Gray Street, Unit 1 Tampa, FL 33609		Mailing address, if different is: PO Box 21545			
		Tampa, FL 33622			
	or which the corporation is organized is:				
	rel in the world of physical thera	py, athletic training, and strength and conditioning, while attached.			
ARTICLE IV	MANNER OF ELECTION The	типпет in which the directors are elected and appointed:			
As provide	ed for in bylaws. INITIAL OFFICERS AND/OR	DIRECTORS			
Name and Title		Name and Title:			
	4210 W Gray Street, Unit 1 Tampa, FL 33609	Address:			
Name and Titl Address	Earl Valencia- Treasurer 4210 W Gray Street, Unit 1 Tampa, FL 33609	Name and Title: Address: Address: Address:			
Name and Titl	4210 W Gray Street, Unit 1	Name and Title: Address:			
	Tampa, FL 33609				

Name and Title:		Name and Title:			
Address _		Address:			
-		_			
_					
Name and Title:		Name and Title:			
Address _	. <u> </u>	Address:			
_					
-		_			
ARTICLE VI	REGISTERED AGENT				
The name and F	lorida street address (P.O. Box NOT acc Erwin Valencia	eptable) of the registered agent is	S: .		
	4210 W Gray St., U	nd 1	SEC TALL	.	: :
	Tampa, FL 33609		RETA	Y T	
			SEE.		s!
ARTICLE VII	INCORPORATOR ddress of the Incorporator is:		ES:	<u>න</u> ප්	
Name:	Erwin Valencia		ETARY OF STATE THASSEE, FLORIDA	23	
Address:	4210 W Gray Street, Unit 1		-		可介
Address.	Tampa, FL 33609				
# 1	uned as registered agent to accept servic	e of process for the above state	ed corporation at the place d	esie nated	l in this
certificate, I am	familiar with and accept the appointmen	t as registered agent and agree t	o act in this capacity	(3	
an	_		05/04/2018		
	Required Signature of Register	ed Agent	Date		
I submit this do	cument and affirm that the facts stated hi nt of State constitutes a third degree felor	erein are true. I am aware that a w as provided for in s.817.155.	nny false information submitte F.S.	ed in a do	cumen
			05/04/2018		
asu.	Required Signature of Inc	огрогаtor	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."

18 HAY IL AM ID: 23
SECRETARY OF STATE
TAIL AHASSEE, FLORIDA