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PO Box 2715

(970) 823-4720

Centennial, CO 80161

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

SUBJECT:	(PROPOSED CORP	ORATE NAME – <u>Must in</u>	CLUDE SUFFIX)
Enclosed is an original a \$70.00 Filing Fee	and one (1) copy of the Ar \$78.75 Filing Fee & Certificate of	□\$78.75 Filing Fee & Certified Copy	a check for: \$87.50 Filing Fee, Certified Copy
	Status	ADDITIONAL CO	& Certificate
FROM:	Jacquelyn Long		

support@changemakers.world.

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

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

Name (Printed or typed)

Address

City, State & Zip

Daytime Telephone number

cuSign Envelope ID: DA7B4494-223C-40C2-829E-C947CDC03431 FINCORPORATION

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

ARTICLE II PRINCIPAL OFFICE Principal street address: Mailing address, if different is: 3305 Rice Street Coconut Grove, FL 33133 ARTICLE III PURPOSE The purpose for which the corporation is organized is: other holistic services to the underserved including low income people. See Attached ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Provided in bylaws ARTICLE V INITIAL OFFICERS ANDIOR DIRECTORS Name and Title: Address Coconut Grove, FL 33133 Name and Title: 3305 Rice Street Address Address Coconut Grove, FL 33133 Name and Title: 3305 Rice Street Address Coconut Grove, FL 33133
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Our mission is to provide access to high quality chiropractic care and other holistic services to the underserved including low income people. -See Attached ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed. Provided in bylaws ARTICLE V INITIAL OFFICERS ANDIOR DIRECTORS Name and Title: 3305 Rice Street Address: Coconut Grove, FL 33133 Name and Title: 11 Iffany Althaus, Director Name and Title: 3305 Rice Street Address: Address: Address: Address:
ARTICLE III PURPOSE The purpose for which the corporation is organized is: other holistic services to the underserved including low income people.
ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: ARTICLE V INITIAL OFFICERS ANDIOR DIRECTORS Name and Title: 3305 Rice Street Name and Title: Tiffany Althaus, Director Name and Title: 1305 Rice Street Address Our mission is to provide access to high quality chiropractic care and other holistic services to the underserved including low income people. Provided in hylaws Provided in hylaws Provided in hylaws Address Parker Dominique, Director Name and Title: 1305 Rice Street Address Address Address: Address: Address:
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	<u>REGISTERED AGENT</u>			
The name and F	lorida street address (P.O. Box NOT		nt is:	
Name:	Parker Dominique	}		
Address:	3305 Rice Street		25:	77 7
	Coconut Grove, F	L 33133	; 'D≯' j'	
	-		ASSEEL FLORID	22
	<u>INCORPORATOR</u>		रूप न रागा <u>र</u>	
The <u>name and a</u>	ddress of the Incorporator is:		E	<u> </u>
Name:			<u>XX</u>	SO :9 MW
Address:	PO Box 2715		;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	01 >
	Centennial, CO 8	0161		
ARTICLE VIII	EFFECTIVE DATE:	(OD	WINDS A L	
Effective date, if (If an effective of	other than the date of filing:date is listed, the date must be speci	ific and cannot be more than fiv	HONAL) ve days prior or 90 days af	fter the filing.)
	e inserted in this block does not meet ctive date on the Department of State		juirements, this date will not	t be listed as the
Having been na	med as registered agent to accept se familiar with and accept the appointn	ervice of process for the above st ment as registered agent and agre	ated corporation at the place to act in this capacity	ce designated in thi
certificate, I am			2/14/2019	
certificate, I am	MINQUE			
certificate, I am	HUMBUE Required Signature of Regi	stered Agent	Date	e
certificate, I am furk Ex DO I submit this doc	Required Signature of Regi cument and affirm that the facts states nt of State constitutes a third degree f	d herein are true. I am aware tha	ut any false information sub-	
ertificate, I am fur Er Do I submit this doc	Required Signature of Regi cument and affirm that the facts state	d herein are true. I am aware tha Colony as provided for in s.817.155	ut any false information sub-	

Addendum - Required IRS 501c3 Purpose & Dissolution Clause

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.

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