

N1900012017

(Requestor's Name)

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☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

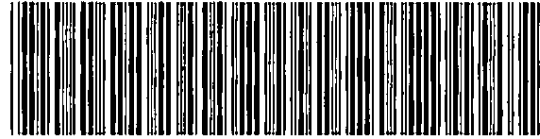
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S TALLENT

NOV 27 2019

FILED
2019 NOV 25 PM 3:58
SIGNED BY STATE
TALLER ASSOCIATE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 14, 2019

JACQUELYN LONG
PO BOX 2715
CENTENNIAL, CO 80161

SUBJECT: 305 WELLNESS INC.
Ref. Number: W19000091143

We have received your document and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You must list at least one incorporator with a complete business street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 719A00021108

RECEIVED
2019 NOV 25 4:11:50

COVER LETTER

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

SUBJECT: 305 Wellness Inc.

(PROPOSED CORPORATE NAME – MUST INCLUDE 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: Jacquelyn Long

Name (Printed or typed)

1236 Josephine St Unit 2

Address

Denver, CO 80206

City, State & Zip

(970) 823-4720

Daytime Telephone number

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.

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

ARTICLE I NAME

The name of the corporation shall be: 305 Wellness Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
16383 NW 67th Ave

Miami Lakes, FL 33014

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Expand access to high quality chiropractic care to the underserved.

SEE ATTACHED

FILED
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SECRETARY OF STATE
FLORIDA
in bylaws

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: in bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gregory Greer, Director/President

Address: 16383 NW 67th Ave
Miami Lakes, FL 33014

Name and Title: Susan Greer, Treasurer /Secretary

Address: 16383 NW 67th Ave
Miami Lakes, FL 33014

Name and Title: Michael Romero, Director

Address: 16383 NW 67th Ave
Miami Lakes, FL 33014

Name and Title: _____

Address: _____

Name and Title: Jarret Apelquist, Director

Address: 16383 NW 67th Ave
Miami Lakes, FL 33014

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Gregory Greer
Address: 16383 NW 67th Ave
Miami Lakes, FL 33014

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Jacquelyn Long
Address: 1236 Josephine St Unit 2
Denver, CO 80206

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

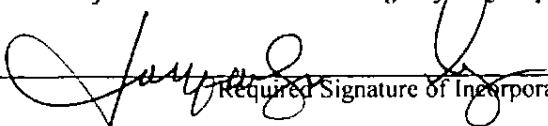
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature of Registered Agent

11/19/2019
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature of Incorporator

11/20/19
Date

Addendum, to Articles of Incorporation

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.