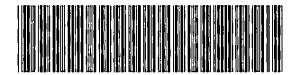
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2022 DEG - a. KM II: 34

COVER LETTER

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

Giving Hands That Care, Inc.

SUBJECT:						
	(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)					
Enclosed is an original and	d one (1) copy of the Artic	cles of Incorporation and	a check for:			
-	• • • •					
\$70.00	\$78.75	□\$78.75	□ \$87.50			
Filing Fee	Filing Fee &	Filing Fee	Filing Fee,			
	Certificate of	& Certified Copy	Certified Copy			
	Status		& Certificate			
		ADDITIONAL CO	DV DECHIDED			
		ADDITIONAL CO	PY KEQUIKED			
		-				
FROM:	Cindy Mejia, Incorporator					
rkom	Name	(Printed or typed)	-			
		_				
2	221 E Arapahoe Rd Unit 271:	5				

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

Centennial, CO 80161

support@instantnonprofit.com

303-306-4669

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

Address

City, State & Zip

Daytime Telephone number

ARTICLES OF INCORPORATION

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

ARTICLE I The name of ARTICLE I	II DDINCIDAL OFFICE			
	Principal street address: 378 Surfside Blvd Suite A133		Mailing address, if different is:	
C:	ape Coral, FL 33991			
	III PURPOSE e for which the corporation is organized is es by providing health services so they ca			ounding
				
RTICLE	IV MANNER OF ELECTION The r	manner in which the dire	ctors are elected and appointed:	d in bylaws
		<u> </u>	ctors are elected and appointed:	d in bylaws
RTICLE I	V INITIAL OFFICERS AND/OR DIR	<u> </u>	Omes Clerk Diseases	d in bylaws
RTICLE I	V INITIAL OFFICERS AND/OR DIR	RECTORS	Omes Clerk Diseases	d in bylaws
RTICLE I	V INITIAL OFFICERS AND/OR DIR Citle: Omar Clark, President	RECTORS Name and Title:	Omar Clark, Director	d in bylaws
RTICLE I ame and T	itle: Omar Clark, President 2378 Surfside Blvd Suite A133 Cape Coral, FL 33991	RECTORS Name and Title: Address:	Omar Clark, Director 2378 Surfside Blvd Suite A133	d in bylaws
RTICLE I	itle: Omar Clark, President 2378 Surfside Blvd Suite A133 Cape Coral, FL 33991	Name and Title: Address: Name and Title:	Omar Clark, Director 2378 Surfside Blvd Suite A133 Cape Coral, FL33991	d in bylaws
RTICLE I	itle: Omar Clark, President 2378 Surfside Blvd Suite A133 Cape Coral, FL 33991 Sitle: Josh Logan, Treasurer	RECTORS Name and Title: Address:	Omar Clark, Director 2378 Surfside Blvd Suite A133 Cape Coral, FL33991 Kyle Konas, Director	d in bylaws
ame and T ddress ame and T	itle: Omar Clark, President 2378 Surfside Blvd Suite A133 Cape Coral, FL 33991 Title: Josh Logan, Treasurer 2378 Surfside Blvd Suite A133 Cape Coral, FL 33991	RECTORS Name and Title: Address: Name and Title: Address: Address:	Omar Clark, Director 2378 Surfside Blvd Suite A133 Cape Coral, FL33991 Kyle Konas, Director 2378 Surfside Blvd Suite A133 Cape Coral, FL 33991	d in bylaws
RTICLE I	itle: Omar Clark, President 2378 Surfside Blvd Suite A133 Cape Coral, FL 33991 Title: Josh Logan, Treasurer 2378 Surfside Blvd Suite A133	Name and Title: Address: Name and Title:	Omar Clark, Director 2378 Surfside Blvd Suite A133 Cape Coral, FL33991 Kyle Konas, Director 2378 Surfside Blvd Suite A133 Cape Coral, FL 33991	-

Name and Title:_		Name and T	tle:		_	
Address		Address:	2378 Surfside Blvd Suite A	133	_	
_			Cape Coral, FL 33991	<u> </u>	-	
			Jina Foltz, Director			
Name and Title:			2378 Surfside Blvd Suite A	133		
Address _	<u> </u>	Address:	Cape Coral, FL 33991			
-		_				
ARTICLE VI The name and F Name: Address:	PREGISTERED AGENT Iorida street address (P.O. Box NOT ad Omar Clark 2378 Surfside Blvd Suite A133 Cape Coral, FL 33991	cceptable) of the re	gistered agent is:			
ARTICLE VII The name and ac	INCORPORATOR ddress of the Incorporator is:					
Name:	Omar Clark					
Address:	2378 Surfside Blvd A133					
	Cape Coral, FL 3391					
Effective date, if (If an effective d	effective DATE: other than the date of filing: late is listed, the date must be specific inserted in this block does not meet the tive date on the Department of State's r	and cannot be n				
certificate, I am f	ned as registered agent to accept servion familiar with and accept the appointment	ce of process for tas registered age	nt and agree to act in this cupact	49	esignate	d in this
	Required Signature of Register			Date		
I submit this doci	Required Signature of Register ument and affirm that the facts stated her of State constitutes a third degree felony	rein are true. I am	aware that any false information		in a doc	ument to
_	. 0.4		7/6/22			
	Required Signature of Inc	orporator		Date	25/2 0:	
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				S OF IDA	4MTT: 35	

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.

2022 DLU - 2 AM II: 35

COVER LETTER

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

SUBJECT:	is That Care, Inc.		
	(PROPOSED CORPO	PRATE NAME - MUST IN	CLUDE SUFFIX)
Enclosed is an original a	and one (1) copy of the Arti	cles of Incorporation and	a check for :
Ü	() [3	<u> </u>	
\$70.00	\$78.75	□\$78.75	□ \$87.50
Filing Fee	Filing Fee &	1	Filing Fee,
	Certificate of Status	& Certified Copy	Certified Copy & Certificate
	Status		
		ADDITIONAL CO	PY REQUIRED
		<u></u>	
FROM:	Cindy Mejia, Incorporator		
FROM:		e (Printed or typed)	
FROM:		e (Printed or typed)	-
FROM:	Nam	e (Printed or typed)	-
FROM:	Nam 2221 E Arapahoe Rd Unit 271	e (Printed or typed)	-
FROM:	Nam 2221 E Arapahoe Rd Unit 271 Centennial, CO 80161	e (Printed or typed)	-

303-306-4669

support@instantnonprofit.com

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

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

ARTICLE I	PRINCIPAL OFFICE				
23	Principal <u>street</u> address: 78 Surfside Blvd Suite A133		Mailing address, if different is:		
Ca	pe Coral, FL 33991				_
	FII PURPOSE for which the corporation is organized is so by providing health services so they can			ounding	
ARTICLE I	V MANNER OF ELECTION The r	manner in which the din	ectors are elected and appointed:	l in bylaw	 S
			ectors are elected and appointed:	l in bylaw	S
IRTICLE V	' INITIAL OFFICERS AND/OR DIR	RECTORS	ectors are elected and appointed: Omar Clark, Director	l in bylaw	s
I <i>RTICLE V</i> Name and T		RECTORS	ectors are elected and appointed:	l in bylaw	S
Name and T	INITIAL OFFICERS AND/OR DIR	RECTORS Name and Title	Omar Clark, Director	in bylaw	5
Name and Ti	Omar Clark, President 2378 Surfside Blvd Suite A133 Cape Coral, FL 33991	RECTORS Name and Title Address:	Omar Clark, Director 2378 Surfside Blvd Suite A133 Cape Coral, FL33991	in bylaw	S
Name and Ti	Omar Clark, President 2378 Surfside Blvd Suite A133 Cape Coral, FL 33991	RECTORS Name and Title Address: Name and Title	Omar Clark, Director 2378 Surfside Blvd Suite A133 Cape Coral, FL33991	-	S
Name and Ti	itle: Omar Clark, President 2378 Surfside Blvd Suite A133 Cape Coral, FL 33991 tle: Josh Logan, Treasurer	RECTORS Name and Title Address:	Omar Clark, Director 2378 Surfside Blvd Suite A133 Cape Coral, FL33991 Kyle Konas, Director	2022	S
Name and Ti	itle: Omar Clark, President 2378 Surfside Blvd Suite A133 Cape Coral, FL 33991 tle: 2378 Surfside Blvd Suite A133 Cape Coral, FL 33991	RECTORS Name and Title Address: Name and Title Address: Address:	Omar Clark, Director 2378 Surfside Blvd Suite A133 Cape Coral, FL33991 Kyle Konas, Director 2378 Surfside Blvd Suite A133 Cape Coral, FL 33991	2022 DEC -2	
ARTICLE V Name and Ti Address Name and Ti Address	itle: Omar Clark, President 2378 Surfside Blvd Suite A133 Cape Coral, FL 33991 tle: 2378 Surfside Blvd Suite A133 Cape Coral, FL 33991	RECTORS Name and Title Address: Name and Title	Omar Clark, Director 2378 Surfside Blvd Suite A133 Cape Coral, FL33991 Kyle Konas, Director 2378 Surfside Blvd Suite A133 Cape Coral, FL 33991	2022 DEC -	s

Name and Title:		Name and Title	Eddie Suarez, Director			
Address			2378 Surfside Blvd Suite	A133		
		_	Cape Coral, FL 33991		-	
_		_	Jina Foltz, Director			
			2378 Surfside Blvd Suite A		_	
Address _		Address:	Cape Coral, FL 33991	<u> </u>	_	
-		_			<u> </u>	
	PREGISTERED AGENT Orida street address (P.O. Box NOT acc Omar Clark 2378 Surfside Blvd Suite A133	ceptable) of the regis	tered agent is:			
	Cape Coral, FL 33991					
	INCORPORATOR dress of the Incorporator is: Omar Clark					
Name:	2378 Surfside Blvd A133					
Address:	Cape Coral, FL 3391					
TOC - since does if a	EFFECTIVE DATE: other than the date of filing: tte is listed, the date must be specific	and cannot be mor	(OPTIONAL) e than five days prior or 90) days afte	er the fi	ling.)
Note: If the date i	inserted in this block does not meet the ive date on the Department of State's re	applicable statutory				
Having been nam certificate, I am fa	ed as registered agent to accept service miliar with and accept the appointment	e of process for the as registered agent t	above stated corporation a and agree to act in this capac	t the place city	design	ated in th
On	or Gort		7/6/2:	2		_
	Required Signature of Registere			Date	ad in a d	locument li
the Department of	ment and affirm that the facts stated here State constitutes a third degree felony a	ein are true. I am an s provided for in s.8.	iare that any jaise injormant 17.155, F.S.	т зиотис		ocamen.
One	n Ghe		7/6/2		2022	_
	Required Signature of Inco	rporator	-	Date	2022 OE C -	
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