

N240000008686

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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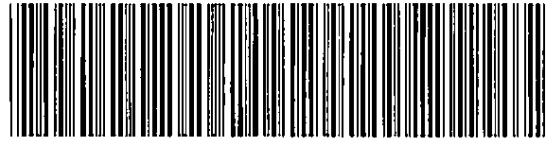
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK'S OFFICE

2024 JUL 17 PM 4:35

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COVER LETTER

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

SUBJECT: The MSL Foundation 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: Michael St. Louis

Name (Printed or typed)

829 HAMMOCKS DR

Address

OCOE FL 34761-3408

City, State & Zip

407-617-7850

Daytime Telephone number

michael@atlasinjurytohealth.com

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

2024 JUL 17 PM 4:35

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: The MSL Foundation Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

829 HAMMOCKS DR

OCOEE FL 34761-3408

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: We help expand access to Chiropractic and holistic healthcare for the under-served with a focus on those with financial hardship and those who serve our Country and community including active military, veterans, and first responders.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

As per the bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael St. Louis, President

Address: 829 HAMMOCKS DR
OCOEE FL 34761-3408

Name and Title: Michael St. Louis, Director

Address: 829 HAMMOCKS DR
OCOEE FL 34761-3408

Name and Title: Olha St. Louis, Treasurer

Address: 829 HAMMOCKS DR
OCOEE FL 34761-3408

Name and Title: Shannon Arnold, Director

Address: 829 HAMMOCKS DR
OCOEE FL 34761-3408

Name and Title: Olha St. Louis, Secretary

Address: 829 HAMMOCKS DR
OCOEE FL 34761-3408

Name and Title: Jonathan McCaslin, Director

Address: 829 HAMMOCKS DR
OCOEE FL 34761-3408

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CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

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: Michael St. Louis

Address: 829 HAMMOCKS DR

OCOE FL 34761-3408

2024 JUL 17 PM 4:35
JUL 17 2024
STATE OF FLORIDA
DEPARTMENT OF STATE

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michael St. Louis

Address: 829 HAMMOCKS DR

OCOE FL 34761-3408

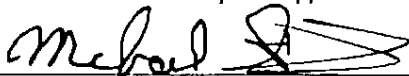
ARTICLE VIII EFFECTIVE DATE:

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

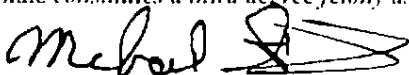


Required Signature of Registered Agent

07 / 08 / 2024

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

07 / 08 / 2024

Date

Addendum to the Articles of Incorporation

Article IX: 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.

Article X: 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. This may include distribution to another tax-exempt organization under Section 501(c)(3), or the assets may be distributed to the federal government, or to a state or local government, for a public purpose.

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