

Form 202

Secretary of State
P.O. Box 13697
Austin, TX 78711-3697
FAX: 512/463-5709

Filing Fee: \$25



**Certificate of Formation
Nonprofit Corporation**

**Filed in the Office of the
Secretary of State of Texas
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Article 1 - Corporate Name

The filing entity formed is a nonprofit corporation. The name of the entity is :

Clinics IV Life

Article 2 – Registered Agent and Registered Office

A. The initial registered agent is an organization (cannot be corporation named above) by the name of:

Registered Agents Inc.

OR

B. The initial registered agent is an individual resident of the state whose name is set forth below:

C. The business address of the registered agent and the registered office address is:

Street Address:

5900 Balcones Drive STE 100 Austin TX 78731

Consent of Registered Agent

A. A copy of the consent of registered agent is attached.

OR

B. The consent of the registered agent is maintained by the entity.

Article 3 - Management

A. Management of the affairs of the corporation is to be vested solely in the members of the corporation.

OR

B. Management of the affairs of the corporation is to be vested in its board of directors. The number of directors, which must be a minimum of three, that constitutes the initial board of directors and the names and addresses of the persons who are to serve as directors until the first annual meeting or until their successors are elected and qualified are set forth below.

Director 1: **Jeff Livingston**

Title: **Director**

Address: **5900 Balcones Drive STE 100 Austin TX, USA 78731**

Director 2: **Gil Bashe**

Title: **Director**

Address: **5900 Balcones Drive STE 100 Austin TX, USA 78731**

Director 3: **Robert Turned**

Title: **Director**

Address: **5900 Balcones Drive STE 100 Austin TX, USA 78731**

Article 4 - Organization Structure

A. The corporation will have members.

or

B. The corporation will not have members.

Article 5 - Purpose

The corporation is organized for the following purpose or purposes:

The company's main goal is the construction and management of medical clinics to provide care to underprivileged communities across the globe.

Supplemental Provisions / Information

[The attached addendum, if any, is incorporated herein by reference.]

Effectiveness of Filing

A. This document becomes effective when the document is filed by the secretary of state.

OR

B. This document becomes effective at a later date, which is not more than ninety (90) days from the date of its signing. The delayed effective date is:

Initial Mailing Address

Address to be used by the Comptroller of Public Accounts for purposes of sending tax information.

The initial mailing address of the filing entity is:

**5900 Balcones Drive STE 100
Austin, TX 78731
USA**

Organizer

The name and address of the organizer are set forth below.

Robin Jones 5900 Balcones Drive STE 100 Austin, TX 78731

Execution

The undersigned affirms that the person designated as registered agent has consented to the appointment. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument.

Robin Jones

Signature of organizer.

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