



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV**Certificate of Authority**
FOREIGN Non-Profit Corporation

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-6-74, the undersigned foreign non-profit corporation hereby applies for a Certificate of Authority to conduct affairs in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is:		
Health Choice 4 Action		
1a. The name, if different, which it elects to use in Rhode Island is:		
*If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application.		
2. It is incorporated under the laws of:		
Minnesota		
3. The date of its incorporation is:		
7/22/2019		
And the period of its duration is: CHECK ONLY ONE BOX		
<input checked="" type="checkbox"/> Perpetual (on-going)		
<input type="checkbox"/> Date certain for dissolution _____		
4. The address of its principal place of business is:		
One Richmond Square STE 125B Providence, RI 02906		
5. The name and address of the initial registered agent/office in Rhode Island is:		
Agent Name		
Northwest Registered Agent, LLC		
Street Address (NOT a P.O. Box)		
One Richmond Square STE 125B		
City/Town	State	Zip Code
Providence	RHODE ISLAND	02906

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

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6. The purpose or purposes which it proposes to pursue in the conducting its affairs in Rhode Island:

Health Choice 4 Action is organized exclusively for charitable, scientific and educational purposes, more specifically to increase awareness of health choices, education for nutrition, healing, and prevention of chronic disease for adults and children.

Check the box to indicate an attachment ☐

7. The names and respective addresses of its directors and officers are:

OFFICE	NAME	ADDRESS
Director	David Larson	847 Tonkawa Road Orono, MN 55356
Director	Mark Blaxill	717A Wayzata Blvd East Wayzata, MN 55391
Director	Jennifer Larson	847 Tonkawa Road Orono, MN 55356
President	Jennifer Larson	847 Tonkawa Road Orono, MN 55356
Vice President	Mark Blaxill	717A Wayzata Blvd East Wayzata, MN 55391
Treasurer	Mark Blaxill	717A Wayzata Blvd East Wayzata, MN 55391
Secretary	David Larson	847 Tonkawa Road Orono, MN 55356

Check the box to indicate an attachment ☐

8. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of this filing.

Under penalty of perjury, we declare and affirm that we have examined this Application for Certificate of Authority, including and accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of ☒ President OR ☐ Vice President

Date

JENNIFER LARSON

3/17/2020

Signature of President OR Vice President



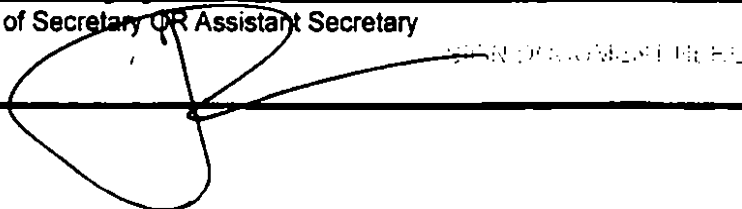
Type or Print Name of ☒ Secretary OR ☐ Assistant Secretary

Date

David Larson

3/17/2020

Signature of Secretary OR Assistant Secretary

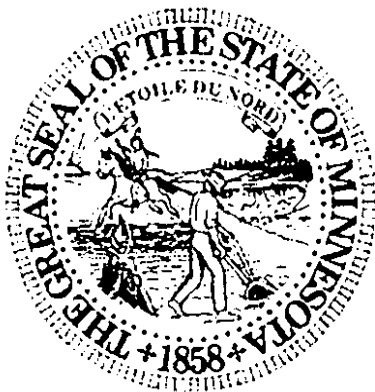


**Office of the Minnesota Secretary of State
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	Health Choice 4 Action
Date Filed:	07/22/2019
File Number:	1093359300023
Minnesota Statutes, Chapter:	317A
Home Jurisdiction:	Minnesota

This certificate has been issued on: 03/09/2020



A handwritten signature in cursive script that reads "Steve Simon".

Steve Simon
Secretary of State
State of Minnesota



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

March 24, 2020 09:42 AM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

