



SECRETARY OF THE STATE OF CONNECTICUT

CERTIFICATE OF INCORPORATION NONSTOCK CORPORATION

FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS)

Name: INFORMED CHOICE USA
Address: 34 PINE CREST RIDGE
City: WOODSTOCK
State: CT **Zip:** 06281
Country:

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SECRETARY OF THE STATE OF CONNECTICUT

1. NAME OF CORPORATION:

INFORMED CHOICE CONNECTICUT INC

THE CORPORATION IS NONPROFIT AND SHALL NOT HAVE OR ISSUE SHARES OF STOCK OR MAKE DISTRIBUTIONS.

2. PLACE A CHECK NEXT TO THE APPROPRIATE STATEMENT:

- A. THE CORPORATION SHALL NOT HAVE MEMEBERS.
- B. THE CORPORATION SHALL ONLY HAVE MEMEBERS, WHICH ARE NOT ENTITLED TO VOTE.
- C. THE CORPORATION SHALL HAVE ONE CLASS OF MEMBERS.
- D. THE CORPORATION SHALL HAVE MULTIPLE CLASSES OF MEMEBERS WHICH CLASSES ARE DESIGNATED AS FOLLOWS:
PLEASE NOTE: THE MANNER OF ELECTION AND APPOINTMENT OF MEMBERS ALONG WITH THEIR QUALIFICATIONS AND RIGHTS MAY BE SET FORTH IN THIS CERTIFICATE OR IN THE CORPORATION'S BYLAWS. PLEASE SEE C.G.S. § 33-1055 & - 1056.

3. APPOINTMENT OF REGISTERED AGENT: (PLEASE SELECT ONLY ONE A. OR B.)

- A. INDIVIDUAL'S AGENT NAME: LEEANN DUCAT

BUSINESS ADDRESS

Address: NONE
City:
State: **Zip:**
Country:

RESIDENCE ADDRESS

Address: 34 PINE CREST RIDGE
City: WOODSTOCK
State: CT **Zip:** 06281
Country: USA

B: BUSINESS ENTITY AGENT NAME:

CT BUSINESS ADDRESS

Address: NONE
City:
State: **Zip:**
Country:

ACCEPTANCE OF APPOINTMENT: [This document has been executed and filed electronically]
LEEANN DUCAT

SIGNATURE OF AGENT

4. THE NATURE OF THE ACTIVITIES TO BE CONDUCTED OR THE PURPOSES TO BE PROMOTED BY THE CORPORATION:

WE ARE A NON PARTISAN, CITIZEN LED ORGANIZATION SEEKING TO RESTORE AND DEFEND RELIGIOUS, PARENTAL, PERSONAL, MEDICAL, AND CONSTITUTIONAL RIGHTS IN CONNECTICUT.

5. OTHER INFORMATION:

6. CORPORATION EMAIL ADDRESS - REQUIRED: (IF NONE, MUST STATE "NONE.")

LEE@INFORMEDCHOICEUSA.ORG

7. INCORPORATORS:

Name of Incorporator	Address of Incorporator
LEEANN DUCAT	Address: 34 PINE CREST RIDGE City: WOODSTOCK State: CT Zip: 06281 Country: USA

EXECUTION - REQUIRED: (SUBJECT TO PENALTY OF FALSE STATEMENT) [This document has been executed and filed electronically]

Dated This 30 **Day Of** May , 2019

NAME OF INCORPORATOR (print/type)	SIGNATURE (required)
LEEANN DUCAT	LEEANN DUCAT