

NORTH CAROLINA

Department of the Secretary of State

To all whom these presents shall come, Greetings:

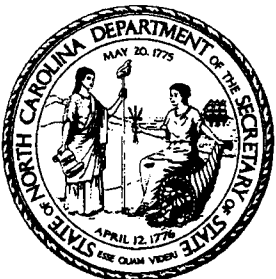
I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify the following and hereto attached to be a true copy of

ARTICLES OF INCORPORATION

OF

BRIDGEWAY ASSOCIATES NP

the original of which was filed in this office on the 9th day of September, 2015.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 9th day of September, 2015.

Elaine F. Marshall

Secretary of State

State of North Carolina
Department of the Secretary of State

ARTICLES OF INCORPORATION
NONPROFIT CORPORATION

Pursuant to §55A-2-02 of the General Statutes of North Carolina, the undersigned corporation does hereby submit these Articles of Incorporation for the purpose of forming a nonprofit corporation.

1. The name of the nonprofit corporation is: BridgeWay Associates NP

2. (Check only if applicable.) The corporation is a charitable or religious corporation as defined in NCGS §55A-1-40(4).

3. The name of the initial registered agent is: Chanel Nicole Harris

4. The street address and county of the initial registered agent's office of the corporation is:

Number and Street: 623 Carolina Avenue (schedule to change)

City: Raleigh State: NC Zip Code: 27606 County: wake

The mailing address *if different from the street address* of the initial registered agent's office is:

Number and Street or PO Box: _____

City: _____ State: NC Zip Code: _____ County: _____

5. The name and address of each incorporator is as follows:

Chanel Harris 623 Carolina Avenue Raleigh(dhhs)

UNC Health Care System NC-Hits and S.H.A.R.P.S(REX WELLNESS)

TRIANGLE CAREGIVERS TECHNOLOGY&CAPTEL

5 Linx Enterprise Telecommunication (Audit)

6. (Check either a or b below.)

a. The corporation will have members.

b. The corporation will not have members.

7. Attached are provisions regarding the distribution of the corporation's assets upon its dissolution.

8. Any other provisions which the corporation elects to include are attached.

9. The street address and county of the principal office of the corporation is:

Principal Office Telephone Number: 919-798-3416

Number and Street: (self employer) 623 Carolina Avenue

City: raleigh State: NC Zip Code: 27606 County: wake

The mailing address *if different from the street address* of the principal office is:

Number and Street or PO Box: _____

City: _____ State: _____ Zip Code: _____ County: _____

10. (Optional): Please provide a business e-mail address: harris-05@hotmail.com

The Secretary of State's Office will e-mail the business automatically at the address provided at no charge when a document is filed. The e-mail provided will not be viewable on the website. For more information on why this service is being offered, please see the instructions for this document.



11. These articles will be effective upon filing, unless a future time and/or date is specified: _____

This is the 09 day of 04, 2015.

Bridgeway Associates WP
(Incorporator Business Entity Name)

Chanel W. Harris
(Signature of Incorporator)

Chanel W. Harris
Type or print Incorporator's name and title, if any

NOTES:

1. Filing fee is \$60. This document must be filed with the Secretary of State.