CHARTER
NONPROFIT CORPORATION (ss-4418)

Business Services Division
Tre Hargett, Secretary of State State of Tennessee
312 Rosa L. Parks AVE, 6th Fl.
Nashville, TN 37243-1102 (615) 741-2286

Filing Fee: $100.00

For Office Use Only

The undersigned, acting as incorporator(s) of a nonprofit corporation under the provisions of the Tennessee Nonprofit Corporation Act, adopt the following Articles of Incorporation.

1. The name of the corporation is: DREAM COOPERATIVE

2. Name Consent: NA no other Dream Cooperative listed with STATE found.

3. This company has the additional designation of: NA

4. The name and complete address of the initial registered agent and office located in the state of Tennessee is:

Name: Heidi Clopton, OTR/L

Address: 1445 EAST 10TH ST

City: COOKEVILLE State: TN Zip Code: 38501 County: PUTNAM

5. Fiscal Year Close Month: DEC **Period of Duration:** X Perpetual ☐ Other ___/___/___ (Month / Day / Year)

6. If the document is not to be effective upon filing by the Secretary of State, the delayed effective date and time is: NA

7. The corporation is not for profit.

8. Please complete all of the following sentences by checking one of the two boxes in each sentence:

This corporation is a ☐ X public benefit corporation / ☐ mutual benefit corporation.

This corporation is a ☐ religious corporation / ☐ X not a religious corporation.

This corporation will ☐ have members / X ☐ not have members.

9. The complete address of its principal executive office is: 1445 East 10th ST Cookeville, TN 38501

Address: 1445 East 1oth ST Cookeville TN 38501 PUTNAM CO

Business Email: **DREAMCOOPERATIVE1@gmail.com**

Note: Pursuant to T.C.A. § 10-7-503 all information on this form is public record.

Submitter Information: Name: Heidi Clopton Phone #: (931) 265-5376

SS-4418 (Rev. 12/19) RDA 1678

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The name of the corporation is: DREAM COOPERATIVE

10. The complete mailing address of the entity (if different from the principal office) is:

Same as principal office

11. List the name and complete address of each incorporator:

Name	Business Address	City, State, Zip
Heidi Clopton, OTR/L, President	1445 East 10th ST	Cookeville, TN 38501
Dawn Fry, VP	1445 East 10th ST	Cookeville, TN 38501
Alyssa Oluwalana, CCC-SLP	1445 East 10th ST	Cookeville, TN 38501
Mark Wilson	1445 East 10th st	Cookeville, TN 38501

12. School Organization: (required if the additional designation of "School Organization - Exempt" is entered in section 3.)

☐ I certify that pursuant to T.C.A. § 48-2-611, this nonprofit corporation is exempt from the $100 filing fee required by § 48-51-303(a)(1)

☐ This nonprofit corporation is a "school support organization" as defined in T.C.A. § 49-2-603(4)(A).

This nonprofit corporation is an educational institution as defined in T.C.A. § 48-101-502(b).

13. Insert here the provisions regarding the distribution of assets upon dissolution: to be donated to another special needs supporting non profit.

14. Other Provisions: NA

Note: Pursuant to T.C.A. § 10-7-503 all information on this form is public record.

3/1/2026 Heidi L. Clopton, OTR/L

Signature Date | Incorporator's Signature

Heidi L Clopton, OTR/L

Incorporator's Name (printed or typed)