040404

BARBARA K. CEGAVSKE
Secretary of State
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Carson City, Nevada 89701-4201
(775) 684-5708
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Articles of Incorporation
Professional Corporation

(PURSUANT TO NRS CHAPTER 89)

USE BLACK INK ONLY - DO NOT HIGHLIGHT **ABOVE SPACE IS FOR OFFICE USE ONLY**

1. Name of Corporation: (see instructions)

2. Registered Agent for Service of Process: (check only one box)

☐ Commercial Registered Agent: _____ (Name)

☐ Noncommercial Registered Agent (name and address below) ***OR*** ☐ Office or Position with Entity (name and address below)

_____
Name of Noncommercial Registered Agent **OR** Name of Title of Office or Other Position with Entity

_____ _____ Nevada _____
Street Address City Zip Code

_____ _____ Nevada _____
Mailing Address (if different from street address) City Zip Code

3. Authorized Stock: (number of shares corporation is authorized to issue)

Number of shares *with par value:* _____ Par value per share: $ _____ Number of shares *without par value:* _____

4. Names and Addresses of the Directors/Trustees and Stockholders:

IMPORTANT:
a) A certificate from the regulatory board showing that each individual is licensed at the time of filing with this office must be presented with this form.
b) Each Director/Trustee, Stockholder and Incorporator must be a licensed professional.

1) _____
Name
_____ _____ _____ _____
Street Address City State Zip Code

2) _____
Name
_____ _____ _____ _____
Street Address City State Zip Code

3) _____
Name
_____ _____ _____ _____
Street Address City State Zip Code

5. Purpose: (required; see instructions)

The purpose of this corporation shall be: _____

6. Benefit Corporation: (see instructions) ☐ Yes

7. Name, Address and Signature of Incorporator: (attach additional page if more than one incorporator)

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

_____ **X** _____
Name **Incorporator Signature**

_____ _____ _____ _____
Address City State Zip Code

8. Certificate of Acceptance of Appointment of Registered Agent:

I hereby accept appointment as Registered Agent for the above named Entity.

X _____ _____
Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity Date

This form must be accompanied by appropriate fees.

Nevada Secretary of State NRS 89 Articles
Revised: 1-5-15

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