

ROSS MILLER Secretary of State 204 North Carson Street, Suite 4 Carson City, Nevada 89701-4520 (775) 684-5708

Website: www.nvsos.gov

Articles of Incorporation of

(Name of Close Corporation)

A Close Corporation

(PURSUANT TO NRS CHAPTER 78A)

USE BLACK INK ONLY - DO	NOT INOS I appear III the above nea	ading)	ABOVE SP	ACE IS FOR	OFFICE USE ONLY
1. Name of Close Corporation:					
2. Registered Agent for Service of Process: (check only one box)	Commercial Registered Agent: Name Noncommercial Registered Agent (name and address below) 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				
	Street Address	City		1	Zip Code
	Mailing Address (if different from street address)	City		Nevada	Zip Code
3. Authorized Stock: (number of shares corporation is authorized to issue)		Par value per share: \$	Number of shares without par value:		
4. Governing Board: (check one box; if yes, complete article 5 below)	This corporation is a close corporation operating with a board of directors Yes OR No				
5. Names and Addresses of the Board of Directors/Trustees: (each Director/Trustee must be a natural person at least 18 years of age; attach additional page if more than two directors/trustees)	1) Name				
	Street Address 2) Name	City		State	Zip Code
	Street Address	City		State	Zip Code
6. Purpose: (optional; see instructions)	The purpose of the corporation shall be:	ourpose of the corporation shall be: 7. Benefit (see instruction)		<u> </u>	
8 Name, Address and Signature of Incorporator: (attach	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.				
additional page if more than one incorporator)	Name	Incorporator Sign	nature		
	Address	City		State	Zip Code
9. Certificate of Acceptance of Appointment of Registered Agent:	X Authorized Signature of Registered Agent or O			Date	