

STATE OF NEVADA

BARBARA K. CEGAVSKE
Secretary of State



Commercial Recordings & Notary Division
202 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7138
North Las Vegas City Hall
2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888

KIMBERLEY PERONDI
Deputy Secretary for
Commercial Recordings

OFFICE OF THE
SECRETARY OF STATE

Victoria Anne Warfield
1052 War Bonnet Way
Incline Village, NV 89451, USA

Work Order #: W2022053103922
May 31, 2022
Receipt Version: 1

Special Handling Instructions:

Submitter ID: 166405

Charges

Description	Fee Description	Filing Number	Filing Date/Time	Filing Status	Qty	Price	Amount
Articles of Incorporation-Nonprofit	Fees	20222359787	5/31/2022 5:59:31 PM	InternalReview	1	\$50.00	\$50.00
Initial List	Fees	20222359789	5/31/2022 5:59:32 PM	InternalReview	1	\$50.00	\$50.00
Charitable Solicitation Registration Statement	Fees	20222359790	5/31/2022 5:59:32 PM	Approved	1	\$0.00	\$0.00
Total							\$100.00

Payments

Type	Description	Payment Status	Amount
Credit Card	6540451592706803604069	Success	\$100.00
Total			\$100.00

Credit Balance: \$0.00

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KIMBERLEY PERONDI

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Business Entity - Filing Acknowledgement

05/31/2022

Work Order Item Number: W2022053103922 - 2161459
Filing Number: 20222359787
Filing Type: Articles of Incorporation-Nonprofit
Filing Date/Time: 05/31/2022 17:59:31 PM
Filing Page(s): 2

Indexed Entity Information:

Entity ID: E23597882022-5

Entity Name: Los Perros Perdidos
Foundation

Entity Status: Active

Expiration Date: None

Non-Commercial Registered Agent

Victoria Anne Warfield

1052 War Bonnet Way, Incline Village, NV 89451, USA

The attached document(s) were filed with the Nevada Secretary of State, Commercial Recording Division. The filing date and time have been affixed to each document, indicating the date and time of filing. A filing number is also affixed and can be used to reference this document in the future.

Respectfully,

A handwritten signature in black ink that reads "Barbara K. Cegavske".

BARBARA K. CEGAVSKE
Secretary of State

STATE OF NEVADA

BARBARA K. CEGAVSKE

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Deputy Secretary for

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Business Entity - Filing Acknowledgement

05/31/2022

Work Order Item Number: W2022053103922 - 2161460

Filing Number: 20222359789

Filing Type: Initial List

Filing Date/Time: 05/31/2022 17:59:32 PM

Filing Page(s): 2

Indexed Entity Information:

Entity ID: E23597882022-5

Entity Name: Los Perros Perdidos
Foundation

Entity Status: Active

Expiration Date: None

Non-Commercial Registered Agent

Victoria Anne Warfield

1052 War Bonnet Way, Incline Village, NV 89451, USA

The attached document(s) were filed with the Nevada Secretary of State, Commercial Recording Division. The filing date and time have been affixed to each document, indicating the date and time of filing. A filing number is also affixed and can be used to reference this document in the future.

Respectfully,

A handwritten signature in black ink that reads "Barbara K. Cegavske".

BARBARA K. CEGAVSKE
Secretary of State



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 Secretary of State
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 Carson City, Nevada 89701-4201
 (775) 684-5708
 Website: www.nvsos.gov
www.nvsilverflume.gov

Filed in the Office of <i>Barbara K. Cegavske</i>	Business Number E23597882022-5
Secretary of State State Of Nevada	Filing Number 20222359787
	Filed On 05/31/2022 17:59:31 PM
	Number of Pages 2

Formation - Nonprofit Corporation

- NRS 82 - Articles of Incorporation Nonprofit NRS 81.010 - Formation of Nonprofit Cooperative Corporation With or Without Stock NRS 81.170-81.270 - Articles of Cooperative Association
- NRS 80 - Foreign Nonprofit Corporation NRS 81.410 - Articles of Incorporation Nonprofit Cooperative Corporation Without Stock

TYPE OR PRINT - USE DARK INK ONLY - DO NOT HIGHLIGHT

1. Name of Entity: (If foreign, name in home jurisdiction)	Los Perros Perdidos Foundation
2. Registered Agent for Service of Process: (Check only one box)	<input type="checkbox"/> Commercial Registered Agent (name only below) <input checked="" type="checkbox"/> Noncommercial Registered Agent (name and address below) <input type="checkbox"/> Office or position with Entity (title and address below) Victoria Anne Warfield Name of Registered Agent OR Title of Office or Position with Entity 1052 War Bonnet Way Incline Village Nevada 89451 Street Address City Zip Code _____ Nevada _____ Mailing Address (If different from street address) City Zip Code
2a. Certificate of Acceptance of Appointment of Registered Agent:	<i>I hereby accept appointment as Registered Agent for the above named Entity. If the registered agent is unable to sign the Articles of Incorporation, submit a separate signed Registered Agent Acceptance form.</i> X Victoria Anne Warfield 05/31/2022 Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity Date
3. Names and Addresses of the Board of Directors, Member, or Trustees (NRS 81.410 must not be less than three members, see instructions)	1) Victoria Anne Warfield Name 1052 War Bonnet Way Incline Village NV 89451 Address City State Zip Code 2) Karin Jakobsmeier Name Calle Encino 8, sm 313 mz 37 lote 3, Alamos 2 Cancun Q.Roo 77533 Entre Calle Paseo Maule y Calle Almendros Address City State Zip Code 3) Megan Petersen Name 4275 E Palo Verde St Gilbert AZ 85296 Address City State Zip Code 4) Melanie Lynne Chang Name 4497 Highplains Dr Reno NV 89523 Address City State Zip Code
4. Jurisdiction of Incorporation: (NRS 80 only)	4a. Jurisdiction of incorporation: _____ 4b. I declare this entity is in good standing <input type="checkbox"/> _____ in the jurisdiction of its incorporation.
5. Authorized Shares: (Number of shares corporation is authorized to issue, NRS 80 and NRS 81.010)	Number of common shares with Par value: 0 Par value: \$ 0 Number of preferred shares with Par value: 0 Par value: \$ 0 Number of shares with no par value: 0 If a Nonprofit Entity: <input type="checkbox"/> This is a nonprofit entity with authorized stock, as listed above. <input type="checkbox"/> This entity is a nonprofit, non-stock corporation.



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Formation - Non-profit Corporation

Continued, Page 2

6. Benefit Corporation: <small>(For NRS 81.010, optional. see instructions.)</small>	By selecting "Yes" you are indicating that the corporation is organized as a benefit corporation pursuant to NRS Chapter 78B with a purpose of creating a general or specific public benefit. The purpose for which the benefit corporation is created must be disclosed in the below purpose field.	Yes <input type="checkbox"/>
7. Purpose: <small>(Required for NRS 80, NRS 81.010, NRS 81.170-81.270, 81.410, and any entity selecting Benefit Corporation. See instructions.)</small>	Aiding homeless dogs in Mexico	
8. Member Property Rights: <small>(NRS 81.010 see instructions)</small>	The property rights and interest of each member are: <input type="checkbox"/> Equal OR <input type="checkbox"/> Unequal	
9. Member Property Rights: <small>(NRS 81.410 see instructions)</small>	The voting power and the property rights and interest of each member are: <input type="checkbox"/> Equal OR <input type="checkbox"/> Unequal	
10. Term: <small>(NRS 81.010, 81.170-81.270, 81.410 may be perpetual)</small>	The term of existence: <input type="text"/> <small>(if existence is not perpetual)</small>	11. Equal Interest Rights: <small>(NRS 81.170-81.270)</small> The interest and right of each member therein is to be equal.
12. Membership Fee: <small>(NRS 81.170-81.270, must be completed)</small>	The membership fee is \$ <input type="text"/> per member. Each member signing the articles has paid the fee and their interests and rights are equal.	
13. Name, Address and Signature of: <small>NRS 80 Name, title and signature making the statement.</small> <small>NRS 81.010 Name, address and signature of three or more of the original members, a majority of whom must be residents of this state.</small> <small>NRS 81.410 and 82 Name, address and signature of the Incorporator(s).</small> <small>NRS 81.170 Must be signed by the original associates or members.</small>	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. <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">Victoria Anne Warfield</div> <div style="border: 1px solid black; padding: 2px;">United States</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>Name</div> <div>Country</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">1052 War Bonnet Way</div> <div style="border: 1px solid black; padding: 2px;">Incline Village</div> <div style="border: 1px solid black; padding: 2px;">NV</div> <div style="border: 1px solid black; padding: 2px;">89451</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>Address</div> <div>City</div> <div>State</div> <div>Zip/Postal Code</div> </div> <div style="margin-top: 10px;"> X <u>Victoria Anne Warfield</u> (attach additional page if necessary) </div>	

AN INITIAL LIST OF OFFICERS MUST ACCOMPANY THIS FILING

Please include any required or optional information in space below:
(attach additional page(s) if necessary)



BARBARA K. CEGAUSKE
 Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
 (775) 684-5708
 Website: www.nvsos.gov
www.nvsilverflume.gov

Initial List and State Business License Application

Initial List Of Officers, Managers, Members, General Partners, Managing Partners, or Trustees:

Los Perros Perdidos Foundation

NAME OF ENTITY

TYPE OR PRINT ONLY - USE DARK INK ONLY - DO NOT HIGHLIGHT

IMPORTANT: Read instructions before completing and returning this form.

Please indicate the entity type (check only one):

- Corporation
 - This corporation is publicly traded, the Central Index Key number is:
- Nonprofit Corporation (see nonprofit sections below)
- Limited-Liability Company
- Limited Partnership
- Limited-Liability Partnership
- Limited-Liability Limited Partnership (if formed at the same time as the Limited Partnership)
- Business Trust

Filed in the Office of <i>Barbara K. Cegauske</i> Secretary of State State Of Nevada	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Business Number</td> <td>E23597882022-5</td> </tr> <tr> <td>Filing Number</td> <td>20222359789</td> </tr> <tr> <td>Filed On</td> <td>05/31/2022 17:59:32 PM</td> </tr> <tr> <td>Number of Pages</td> <td>2</td> </tr> </table>	Business Number	E23597882022-5	Filing Number	20222359789	Filed On	05/31/2022 17:59:32 PM	Number of Pages	2
Business Number	E23597882022-5								
Filing Number	20222359789								
Filed On	05/31/2022 17:59:32 PM								
Number of Pages	2								

Additional Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers, may be listed on a supplemental page.

CHECK ONLY IF APPLICABLE

Pursuant to NRS Chapter 76, this entity is exempt from the business license fee.

- 001 - Governmental Entity
- 006 - NRS 680B.020 Insurance Co, provide license or certificate of authority number

For nonprofit entities formed under NRS chapter 80: entities without 501(c) nonprofit designation are required to maintain a state business license, the fee is \$200.00. Those claiming and exemption under 501(c) designation must indicate by checking box below.

- Pursuant to NRS Chapter 76, this entity is a 501(c) nonprofit entity and is exempt from the business license fee.
Exemption Code 002

For nonprofit entities formed under NRS Chapter 81: entities which are Unit-owners' association or Religious, Charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C § 501(c) are excluded from the requirement to obtain a state business license. Please indicate below if this entity falls under one of these categories by marking the appropriate box. If the entity does not fall under either of these categories please submit \$200.00 for the state business license.

- Unit-owners' Association
- Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. §501(c)

For nonprofit entities formed under NRS Chapter 82 and 80: Charitable Solicitation Information - check applicable box

Does the Organization intend to solicit charitable or tax deductible contributions?

- No - no additional form is required
- Yes - the *Charitable Solicitation Registration Statement* is required.
- The Organization claims exemption pursuant to NRS 82A 210 - the *Exemption From Charitable Solicitation Registration Statement* is required

****Failure to include the required statement form will result in rejection of the filing and could result in late fees.****



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**Initial List and State
 Business License
 Application - Continued**

Officers, Managers, Members, General Partners, Managing Partners or Trustees:

CORPORATION, INDICATE THE <u>PRESIDENT</u> :			
Victoria Anne Warfield		USA	
Name		Country	
1052 War Bonnet Way	Incline Village	NV	89451
Address	City	State	Zip/Postal Code
CORPORATION, INDICATE THE <u>SECRETARY</u> :			
Karin Jakobsmeier		MEX	
Name		Country	
Calle Encino 8, sm 313 mz 37 lote 3, Alamos 2 Entre Calle Paseo Maule y Calle Almendros	Cancun	Q.Roo	77533
Address	City	State	Zip/Postal Code
CORPORATION, INDICATE THE <u>TREASURER</u> :			
Megan Petersen		USA	
Name		Country	
4275 E Palo Verde St	Gilbert	AZ	85296
Address	City	State	Zip/Postal Code
CORPORATION, INDICATE THE <u>DIRECTOR</u> :			
Melanie Lynne Chang		USA	
Name		Country	
4497 Highplains Dr	Reno	NV	89523
Address	City	State	Zip/Postal Code

None of the officers and directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

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 Victoria Anne Warfield
 Signature of Officer, Manager, Managing
 Member, General Partner, Managing Partner,
 Trustee, Member, Owner of Business,
 Partner or Authorized Signer *FORM WILL BE RETURNED IF*

President

Title

05/31/2022

Date

UNSIGNED



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Filed in the Office of <i>Barbara K. Cegavske</i>	Business Number E23597882022-5
Secretary of State State Of Nevada	Filing Number 20222359790
	Filed On 05/31/2022 17:59:32 PM
	Number of Pages 1

**Charitable Solicitation
 Registration Statement**
 (PURSUANT TO NRS CHAPTER 82)
*Required for any corporation that intends to solicit charitable/tax
 deductible contributions. To be filed with Initial/Annual List Forms.*

1. Names of Charitable Organization: (please complete items a thru c; attach additional page(s) if necessary)	a) Name of charitable organization as state in its Articles of Incorporation or other governing document: Los Perros Perdidos Foundation										
	b) Exact name of charitable organization as registered with the Internal Revenue Service: Los Perros Perdidos Foundation										
	c) Name or names under which charitable organization may, or intends to, solicit charitable contributions in Nevada: Los Perros Perdidos Foundation										
2. Web Address: (optional*)	https://losperrosperdidos.com/ *will be listed on public entity search										
3. USA PATRIOT ACT certification: (optional)	<input checked="" type="checkbox"/> Check here to accept the following certification. In compliance with the Uniting and Strengthening America by Providing Appropriate Tools Required to Intercept and Obstruct Terrorism (USA PATRIOT) Act of 2001 and other counterterrorism laws, I hereby certify on behalf of the herein named entity that all funds and donations will be used in compliance with all United States of America anti-terrorist financing and asset control laws, statutes and executive orders.										
4. Places of Business: (please complete items a, b; attach additional page(s) if necessary)	a) Address and telephone number of the principal place of business of the charitable organization: <table border="1"> <tr> <td>1052 War Bonnet Way Address</td> <td>Incline Village City</td> <td>NV State</td> <td>89451 Zip Code</td> <td>USA Country</td> </tr> <tr> <td colspan="2">Telephone Number 7757729452</td> <td colspan="3"></td> </tr> </table>	1052 War Bonnet Way Address	Incline Village City	NV State	89451 Zip Code	USA Country	Telephone Number 7757729452				
	1052 War Bonnet Way Address	Incline Village City	NV State	89451 Zip Code	USA Country						
Telephone Number 7757729452											
b) Address and telephone number of any office in this state OR if none, name, address and telephone number of custodian of its financial records: <table border="1"> <tr> <td>Victoria Anne Warfield Name of Custodian</td> <td colspan="4">Telephone Number 7757729452</td> </tr> <tr> <td>1052 War Bonnet Way Address</td> <td>Incline Village City</td> <td>NV State</td> <td>89451 Zip Code</td> <td>USA Country</td> </tr> </table>	Victoria Anne Warfield Name of Custodian	Telephone Number 7757729452				1052 War Bonnet Way Address	Incline Village City	NV State	89451 Zip Code	USA Country	
Victoria Anne Warfield Name of Custodian	Telephone Number 7757729452										
1052 War Bonnet Way Address	Incline Village City	NV State	89451 Zip Code	USA Country							
5. Exempt Status and Federal Tax ID:	Federal tax exempt status: 2 EIN - Federal Tax ID: 88-2570046										
6. Names and Addresses of Executive Personnel: (attach additional page(s) if necessary)	Victoria Anne Warfield Name Title: EXECUTIVE PERSONNEL										
	1052 War Bonnet Way Address City: Incline Village State: NV Zip Code: 89451 Country: USA										
7. Fiscal Year:	Day and month of end of fiscal year of the charitable organization: Day 31 Month 12										
8. Financial Information from IRS Form 990, 990EZ or if no Form 990, a good faith estimate for most recent fiscal year:	<input checked="" type="checkbox"/> Check here if you file Form 990N or have not filed a Form 990 or 990EZ. If checked, please provide a good faith estimate for its current fiscal year. All others please provide the information from the most recently filed Form 990, Part I or 990EZ, Parts I and II.										
	Total Revenue (line 12, Form 990; line 9, Form 990EZ)..... 5000.0										
	Total Expenses (line 18, Form 990; line 17, Form 990EZ)..... 5000.0										
	Revenue less Expenses (line 19, Form 990; line 18, Form 990EZ)..... 0.0										
	Total Assets (line 20, Form 990; line 25, Form 990EZ)..... 2000.0										
	Total Liabilities (line 21, Form 990; line 26, Form 990EZ)..... 0.0										
Net Assets or Fund Balances (line 22, Form 990; line 27, Form 990EZ)..... 0.0											
9. Signature: (must be signed by an officer, or if a trust, by a trustee)	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 Victoria Anne Warfield Authorized Signature Title: Incorporator Date: 05/31/2022										

SECRETARY OF STATE



DOMESTIC NONPROFIT CORPORATION (82) CHARTER

I, BARBARA K. CEGAVSKE, the duly qualified and elected Nevada Secretary of State, do hereby certify that **Los Perros Perdidos Foundation** did, on 05/31/2022, file in this office the original Articles of Incorporation-Nonprofit that said document is now on file and of record in the office of the Secretary of State of the State of Nevada, and further, that said document contains all the provisions required by the law of the State of Nevada.



Certificate
Number: B202205312709660
You may verify this certificate
online at <http://www.nvsos.gov>

IN WITNESS WHEREOF, I have hereunto set my
hand and affixed the Great Seal of State, at my
office on 05/31/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State