


Nevada Chapter 82 Non-Profit Corporation

CHQ Incorporated  Serving 5000+ clients for over 36 years

1. Name of the person starting the company:

2. Mailing address:

; In order to keep your personal address off the internet, we will use our P.O. Box 70477, Las Vegas NV 89170, on your state filings without of charge. This does not however, constitute a mail forwarding service. See below for optional mail forwarding service.

3. Shipping address (if different from #5):

4. Phone

Email

Fax

5. Choose Standard or Expedited service:

Standard formation of Nevada Nonprofit Corporation shipped in approximately 7 days \$250.00

*(Price includes setup, full years' agency fee and state filing fee)
(Registered agent fee of \$100. is included for the first full year)*

Expedited formation of Nevada Nonprofit Corporation shipped within 24 hours 375.00

(Price includes state expedite fee)

6. Optional SPECIAL DISCOUNTED service below is only available with concurrent purchase of this nonprofit corporation:

Mail forwarding service (\$120.00 annual fee + \$20. refundable postage deposit) 140.00

(If you purchase mail forwarding, complete and return page 5 within 30 days)

Total all fees and enter here ; \$

Card #

Expires: MO

YR

Last 3 numbers on back of card

(American Express is not accepted)

Customer authorizes this purchase to be charged to the credit card above in the amount indicated and acknowledges that he or she has read and understands the information and terms provided at chqinc.com/gold regarding mail forwarding services. Customer also understands that after formation prior to the last day of the month following formation you will must send the State of Nevada an Initial List of Officers along with payment of (\$25.00 if you qualify for their 501c State Business License exemption, or \$225.00 if not qualified). Call 800 634-1441 for more details.

Applicant signature _____ Date: _____

Complete required forms then scan and email, or fax.

Email to: chqinc@juno.com

Secure fax to: (702) 796-6694

NEVADA CHAPTER 82 NON-PROFIT CORPORATION

Complete Articles (next page) as follows:

Box 1: PRINT the name of your new corporation. (We can search a name for you free of charge; call 800 634-1441.)

Box 2: Do not put anything in this box.

Box 3: PRINT the names and addresses of all directors. (Their addresses, not ours.)

Box 4: Describe the purpose of the corporation. **REQUIRED.** See acceptable purposes below.

Box 5: PRINT your name and address (Your address—not ours), and your SIGNATURE.

Box 6: DO NOTHING HERE. CHQ will complete this section.

If you need it, you must apply separately to the IRS in order to obtain the Federal 501(c)(3) exemption. Please consult with your tax advisor.

NON-PROFIT EXEMPT PURPOSES QUOTED FROM THE IRS: As of April 1, 2011

"The exempt purposes set forth in section 501(c)(3) are charitable, religious, educational, scientific, literary, testing for public safety, fostering national or international amateur sports competition, and preventing cruelty to children or animals. The term charitable is used in its generally accepted legal sense and includes relief of the poor, the distressed, or the underprivileged; advancement of religion; advancement of education or science; erecting or maintaining public buildings, monuments, or works; lessening the burdens of government; lessening neighborhood tensions; eliminating prejudice and discrimination; defending human and civil rights secured by law; and combating community deterioration and juvenile delinquency."



040601



ROSS MILLER
Secretary of State
204 North Carson Street, Suite 4
Carson City, Nevada 89701-4520
(775) 684-5708
Website: www.nvsos.gov

Nonprofit Articles of Incorporation

(PURSUANT TO NRS CHAPTER 82)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

1. Name of Corporation:	
2. Registered Agent for Service of Process: (check only one box)	<input checked="" type="checkbox"/> Commercial Registered Agent: CHQ Incorporated <small>Name</small> <input type="checkbox"/> Noncommercial Registered Agent (name and address below) OR <input type="checkbox"/> Office or Position with Entity (name and address below) <small>Name of Noncommercial Registered Agent OR Name of Title of Office or Other Position with Entity</small> <small>Street Address</small> <input type="text"/> <small>City</small> <input type="text"/> <small>Nevada</small> <input type="text"/> <small>Zip Code</small> <input type="text"/> <small>Mailing Address (if different from street address)</small> <input type="text"/> <small>City</small> <input type="text"/> <small>Nevada</small> <input type="text"/> <small>Zip Code</small> <input type="text"/>
3. 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 four directors/trustees)	1) <input type="text"/> <small>Name</small> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>Street Address</small> <small>City</small> <small>State</small> <small>Zip Code</small> 2) <input type="text"/> <small>Name</small> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>Street Address</small> <small>City</small> <small>State</small> <small>Zip Code</small> 3) <input type="text"/> <small>Name</small> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>Street Address</small> <small>City</small> <small>State</small> <small>Zip Code</small> 4) <input type="text"/> <small>Name</small> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>Street Address</small> <small>City</small> <small>State</small> <small>Zip Code</small>
4. Purpose: (required; continue on additional page if necessary)	<i>The purpose of the corporation shall be:</i> <input type="text"/>
5. Name, Address and Signature of Incorporator: (attach additional page if more than one incorporator)	<input type="text"/> <input checked="" type="checkbox"/> <small>Name</small> <small>Incorporator Signature</small> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>Address</small> <small>City</small> <small>State</small> <small>Zip Code</small>
6. Certificate of Acceptance of Appointment of Registered Agent:	<i>I hereby accept appointment as Registered Agent for the above named Entity.</i> <input checked="" type="checkbox"/> <small>Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity</small> <small>Date</small>

This form must be accompanied by appropriate fees.

Instructions for completion of USPS form 1583

Box 1: Enter today's date.

Box 2: Print your business OR personal name here. It can be one or the other, NOT BOTH. If husband and wife are applying, print both names here together. Two forms of I.D. specified under #8 are required for both husband and wife.

Box 7a, b, c, d, e: Print your personal home address (NO P.O. BOXES) and phone. This must match the addresses shown on your I.D. listed in box 9.

Box 8: Two clear copies of I.D., one of which must contain a photograph of the applicant. SOCIAL SECURITY CARDS, CREDIT CARDS, AND BIRTH CERTIFICATES ARE UNACCEPTABLE.

Acceptable I.D. would include: driver's license or state issued non-driver I.D., armed forces, government, university I.D. cards, passport, alien registration card, certificate of naturalization, property lease, mortgage or deed of trust, voter or vehicle registration, home or vehicle insurance policy.

Box 9, 10, 11: If applicant is a business, complete all boxes. Or print N/A

Box 12: LLC, Partnership, etc. Complete only if applicable. Or print N/A.

Box 13: Corporations only. Complete only if applicable. Or print N/A.

Box 14: Enter information as required. If CHQ formed your entity in Nevada, the County of formation would be "Clark".

Complete the form as instructed. Copies of I.D. must be legible so either scan and email, or fax with fine resolution set on your fax machine. Otherwise you must mail them.

Mail receiving and forwarding from Las Vegas

- With our Federally Registered mail service, you get to use a Flamingo Road street address in Las Vegas.
- The cost is \$120.00 per year, plus first class postage (an initial \$20.00 refundable postage deposit is required).
- You pay postage only—with no additional “per piece” fees.
- Your mail will be forwarded within 24 hours of receipt.
- Up to 100 pieces of mail a month is included.
- Local pickup is not available.

Terms and conditions

First class and pre-sorted first class letter type mail will be forwarded each working day. Fedex and UPS flat envelopes can only be accepted if they DO NOT REQUIRE A SIGNATURE. Parcels shipped to us from within the U.S. up to a maximum of 10"x10"x5" will be re-shipped by U.S. Mail only and will incur an additional fee of \$10.00 or \$2.00 per pound, whichever is greater. Parcels exceeding the limitations above will incur an additional fee of \$25.00 plus \$2.00 per pound. Each piece of mail received and forwarded in excess of 100 in a given 30 day period will incur an additional fee of \$5. per piece. Magazines, catalogs, and junk mail are normally discarded.

Your mail must contain the name that is on your account in the address. “In care of” is acceptable; e.g., if the name on the account is Jim Smith, the mail may read Mary Smith “In care of Jim Smith”. The physical address you will be authorized to use is **2235 E. Flamingo Road, Suite 100-D, Las Vegas NV 89119.** Only those listed on the USPS 1583 form may receive mail. Additional recipients must have a separate account. Postage will be debited from your postage account and we will notify you when it gets low. If your postage deposit falls below zero, your mail forwarding may be suspended until replenished.

⊗ After your account is activated, you will receive U.S.P.S. form 1583, which is to be completed and returned to us within 30 days.

Applicants full name:

Applicants address:

Address we should forward your mail to (if different from above):

Phone:

Email:

Fax:

Customer authorizes this purchase to be charged to the credit card below in the amount indicated and understands; the term of service is for one year, and except for postage deposits on account, the base fee is not refundable or pro-ratable. Customer also agrees to comply with U.S. Postal regulations and acknowledges that the U.S. Postal service cannot accept address change applications—customer would be responsible for notifying senders of any change of address.

Please establish my mail service account and charge the card below in the amount of \$140.00 or \$ _____

Card number
(American express is not accepted)

Expires: MO

YR

Last 3 numbers back of card

Applicant signature _____ Date: _____

Complete, print and fax, or scan and email.

Email to: chqinc@juno.com or secure fax to: 702 796-6694 Mail: P.O. Box 70477, Las Vegas NV 89170