

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

Christopher Martin
1111 Mary Crest Rd Ste H
Henderson, NV 89074

Work Order #: W2020021902024
February 19, 2020
Receipt Version: 1

Special Handling Instructions:

Submitter ID: 55163

Charges

Description	Filing Number	Filing Date/Time	Filing Status	Qty	Price	Amount
Articles of Incorporation-Nonprofit	20200490352	2/19/2020 6:50:43 PM	InternalReview	1	\$50.00	\$50.00
Initial List	20200490354	2/19/2020 6:50:44 PM	InternalReview	1	\$50.00	\$50.00
Total						\$100.00

Payments

Type	Description	Payment Status	Amount
Credit Card	5821670312776434603288	Success	\$100.00
Total			\$100.00

Credit Balance: \$0.00

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KIMBERLEY PERONDI

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Business Entity - Filing Acknowledgement

02/19/2020

Work Order Item Number: W2020021902024 - 417953
Filing Number: 20200490352
Filing Type: Articles of Incorporation-Nonprofit
Filing Date/Time: 02/19/2020 18:50:43 PM
Filing Page(s): 2

Indexed Entity Information:

Entity ID: E4903532020-2

Entity Name: Advancement By Involvement

Entity Status: Active

Expiration Date: None

Non-Commercial Registered Agent

Christopher E Martin

1525 Spiced Wine Ave #5101, Henderson, NV 89074, 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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KIMBERLEY PERONDI

Deputy Secretary for

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Business Entity - Filing Acknowledgement

02/19/2020

Work Order Item Number: W2020021902024 - 417954

Filing Number: 20200490354

Filing Type: Initial List

Filing Date/Time: 02/19/2020 18:50:44 PM

Filing Page(s): 2

Indexed Entity Information:

Entity ID: E4903532020-2

Entity Name: Advancement By Involvement

Entity Status: Active

Expiration Date: None

Non-Commercial Registered Agent

Christopher E Martin

1525 Spiced Wine Ave #5101, Henderson, NV 89074, USA

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Respectfully,

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

BARBARA K. CEGAVSKE

Secretary of State



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

Filed in the Office of <i>Barbara K. Cegauske</i> Secretary of State State Of Nevada	Business Number E4903532020-2 Filing Number 20200490352 Filed On 02/19/2020 18:50:43 PM Number of Pages 2
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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: <small>(If foreign, name in home jurisdiction)</small>	Advancement By Involvement
2. Registered Agent for Service of Process: <small>(Check only one box)</small>	<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)
2a. Certificate of Acceptance of Appointment of Registered Agent:	<p style="font-size: small;">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.</p> <p>X Christopher E Martin 02/19/2020</p> <p style="font-size: x-small; text-align: center;">Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity Date</p>
3. Names and Addresses of the Board of Directors, Member, or Trustees <small>(NRS 81.410 must not be less than three members, see instructions)</small>	<p>1) Christopher E Martin</p> <p>Name</p> <p>1525 Spiced Wine Ave #5101 Henderson NV 89074</p> <p style="font-size: x-small;">Address City State Zip Code</p>
4. Jurisdiction of Incorporation: (NRS 80 only)	<p>4a. Jurisdiction of incorporation: </p> <p>4b. I declare this entity is in good standing in the jurisdiction of its incorporation. <input type="checkbox"/></p>
5. Authorized Shares: <small>(Number of shares corporation is authorized to issue, NRS 80 and NRS 81.010)</small>	<p>Number of common shares with Par value: 0 Par value: \$ 0</p> <p>Number of preferred shares with Par value: 0 Par value: \$ 0</p> <p>Number of shares with no par value: 0</p> <p>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.</p> <p style="font-size: x-small;">(NRS 80 only)</p>



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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. <div style="text-align: right;"> Yes <input type="checkbox"/> </div>
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>	Engaging the Business community and General community via the arts. Empowering community members via networking with corporations and employment opportunities. Promoting peer-peer business and engaging local non-profits and educational groups with the communities they serve.
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 style="width: 100px;" 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 style="width: 100px;" 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;">Chris Martin</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;">1525 Spiced Wine Ave, #5101</div> <div style="border: 1px solid black; padding: 2px;">Henderson</div> <div style="border: 1px solid black; padding: 2px;">NV</div> <div style="border: 1px solid black; padding: 2px;">89074</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>Chris Martin</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)



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 Secretary of State
 202 North Carson Street
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Initial List and State Business License Application

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

Advancement By Involvement

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 Secretary of State State Of Nevada	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black;">Business Number</td> <td style="border-bottom: 1px solid black;">E4903532020-2</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Filing Number</td> <td style="border-bottom: 1px solid black;">20200490354</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Filed On</td> <td style="border-bottom: 1px solid black;">02/19/2020 18:50:44 PM</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Number of Pages</td> <td style="border-bottom: 1px solid black;">2</td> </tr> </table>	Business Number	E4903532020-2	Filing Number	20200490354	Filed On	02/19/2020 18:50:44 PM	Number of Pages	2
Business Number	E4903532020-2								
Filing Number	20200490354								
Filed On	02/19/2020 18:50:44 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 PRESIDENT:

Christopher E Martin		USA	
Name	Country		
1525 Spiced Wine Ave #5101	Henderson	NV	89074
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 Christopher E Martin
**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	02/19/2020
Title	Date

UNSIGNED

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 **Advancement By Involvement** did, on 02/19/2020, 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: B20200219593059
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 02/19/2020.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State