

STATE OF NEVADA

**ROSS MILLER**  
Secretary of State

**SCOTT W. ANDERSON**  
Deputy Secretary  
for Commercial Recordings



**Commercial Recordings Division**  
202 N. Carson Street  
Carson City, NV 89701-4069  
Telephone (775) 684-5708  
Fax (775) 684-7138

OFFICE OF THE  
SECRETARY OF STATE

CARIDAD INC.

**Job: C20141219-0424**  
December 22, 2014

NV

**Special Handling Instructions:**  
CC EMAILED SCL 12/22/2014

**Charges**

Description	Document Number	Filing Date/Time	Qty	Price	Amount
Articles of Incorporation	20140816097-58	12/18/2014 8:52:04 AM	1	\$50.00	\$50.00
Copies - Certification of Document	20140816097-58	12/18/2014 8:52:04 AM	1	\$30.00	\$30.00
Total					\$80.00

**Payments**

Type	Description	Amount
Credit	922540 14122253223164	\$80.00
Total		\$80.00

**Credit Balance: \$0.00**

**Job Contents:**

Certified File Stamped Copy(s):	1
Corp Charter(s):	1
ILO-ALO Nonprofit(s):	1

CARIDAD INC.

NV

STATE OF NEVADA

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SECRETARY OF STATE

Certified Copy

December 18, 2014

**Job Number:** C20141219-0424  
**Reference Number:**  
**Expedite:**  
**Through Date:**

The undersigned filing officer hereby certifies that the attached copies are true and exact copies of all requested statements and related subsequent documentation filed with the Secretary of State's Office, Commercial Recordings Division listed on the attached report.

Document Number(s)	Description	Number of Pages
20140816097-58	Articles of Incorporation	3 Pages/1 Copies



Respectfully,

A handwritten signature in black ink, appearing to read "Ross Miller".

ROSS MILLER  
Secretary of State

Certified By: Stephen Loff  
Certificate Number: C20141219-0424  
You may verify this certificate  
online at <http://www.nvsos.gov/>

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



\*040602\*

**Nonprofit  
 Articles of Incorporation**  
 (PURSUANT TO NRS CHAPTER 82)

Filed in the office of  Ross Miller Secretary of State State of Nevada	Document Number <b>20140816097-58</b>
	Filing Date and Time <b>12/18/2014 8:52 AM</b>
	Entity Number <b>E0637602014-1</b>

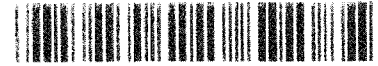
USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

<b>1. Name of Corporation:</b>	Caridad Inc.			
<b>2. Registered Agent for Service of Process:</b> (check only one box; NOTE: a Commercial Registered Agent is defined as a Registered Agent representing 10 or more entities)	<input type="checkbox"/> Commercial Registered Agent: Name			
	<input type="checkbox"/> Noncommercial Registered Agent (name and address below) <b>OR</b> <input checked="" type="checkbox"/> Office or Position with Entity (name and address below)	David N. Spriggs Name of Noncommercial Registered Agent OR Name of Title of Office or Other Position with Entity  1010 E. Oakey Blvd      Las Vegas      Nevada 89104 Street Address      City      Zip Code  Mailing Address (if different from street address)      City      Nevada      Zip Code		
<b>3. Names and Addresses of the Board of Directors/Trustees:</b> (each Director/Trustee must be a natural person at least 18 years of age; attach additional page if more than four directors/trustees)	1) Merideth L. Spriggs Name	1010 E. Oakey Blvd. Street Address	Las Vegas City	NV 89104 State Zip Code
	2) David N. Spriggs Name	1010 E. Oakey Blvd Street Address	Las Vegas City	NV 89104 State Zip Code
	3) Name	Street Address	City	State Zip Code
<b>4. Purpose:</b> (required; continue on additional page if necessary)	The purpose of the corporation shall be: Homeless Outreach and Community Education			
<b>5. Name, Address and Signature of Incorporator:</b> (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.  Merideth L. Spriggs Name      Incorporator Signature 1010 E. Oakey Blvd      Las Vegas      NV 89104 Address      City      State      Zip Code			
<b>6. Certificate of Acceptance of Appointment of Registered Agent:</b>	I hereby accept appointment as Registered Agent for the above named Entity. <input checked="" type="checkbox"/> Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity      12/18/2014 Date			



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



\*180303\*

**Registered Agent  
 Acceptance**  
 (PURSUANT TO NRS 77.310)

**This form may be submitted by:** a Commercial Registered Agent, Noncommercial Registered Agent or Represented Entity. For more information please visit <http://www.nvsos.gov/index.aspx?page=141>

USE BLACK INK ONLY - DO NOT HIGHLIGHT

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**Certificate of Acceptance of Appointment by Registered Agent**

In the matter of Caridad Inc.

Name of Represented Business Entity

I, David N. Spriggs

am a:

Name of Appointed Registered Agent OR Represented Entity Serving as Own Agent\*

(complete only one)

- a) commercial registered agent listed with the Nevada Secretary of State,
- b) noncommercial registered agent with the following address for service of process:

Street Address \_\_\_\_\_ City \_\_\_\_\_ Nevada \_\_\_\_\_ Zip Code \_\_\_\_\_

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

- c)  represented entity accepting own service of process at the following address:

Secretary  
 Title of Office or Position of Person in Represented Entity

1010 E. Oakey Blvd \_\_\_\_\_ Las Vegas \_\_\_\_\_ Nevada 89104  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

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

and hereby state that on 12/18/2014  
 the above named business entity. Date

I accepted the appointment as registered agent for

*David N. Spriggs*  
 Authorized Signature of R.A. for On Behalf of R.A. Company

12/18/2014  
 Date

\*If changing Registered Agent when reinstating, officer's signature required.  
 \_\_\_\_\_  
 Signature of Officer \_\_\_\_\_ Date \_\_\_\_\_

Caridad Inc.  
Nonprofit Articles of Incorporation

**Date: December 18, 2014**

**Federal EIN 47-2578332**

**Caridad Inc., IRS Purpose and Dissolution Statement**

Caridad Inc. and its officers and directors irrevocably adopt by unanimous board approval, the following provisions as part of our Articles of Incorporation.

Paragraph One

Purpose:

"The organization is organized exclusively for charitable, religious, educational, and scientific purposes under Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code."

Paragraph Two

Dissolution:

"Upon the dissolution of this organization, assets shall be distributed for one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose."

**Signed:**

Merideth L. Spriggs  
Merideth L. Spriggs, President and Director

12/18/14  
Date

David N. Spriggs  
David N. Spriggs, Secretary and Director

12/18/2014  
Date

# SECRETARY OF STATE



## CORPORATE CHARTER

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that **CARIDAD INC.**, did on December 18, 2014, file in this office the original Articles of Incorporation; that said Articles of Incorporation are now on file and of record in the office of the Secretary of State of the State of Nevada, and further, that said Articles contain all the provisions required by the law of said State of Nevada.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on December 22, 2014.

A handwritten signature in black ink, appearing to read "Ross Miller".

ROSS MILLER  
Secretary of State

Certified By: Stephen Loff  
Certificate Number: C20141219-0424  
You may verify this certificate  
online at <http://www.nvsos.gov/>



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[www.nvsilverflume.gov](http://www.nvsilverflume.gov)

**Instructions for  
 Initial List/Annual List and State  
 Business License Application**

**ATTENTION:** You may now file your Initial/Annual List and State Business License online at [www.nvsilverflume.gov](http://www.nvsilverflume.gov)

**IMPORTANT: READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORM.**

TYPE or PRINT the following information on the Annual List:

1. The **NAME** and **ENTITY NUMBER** of the entity **EXACTLY** as it is registered with this office.
2. The **FILING PERIOD** is the month and year of filing TO the month and year 12 months from that date. Example: if the entity date was 1/12/99 the filing period would be 1/1999 to 1/2000.
3. The name and addresses as required on the list should be entered in the boxes provided on the form.
4. If qualified for a statutory exemption from the State Business License, enter the applicable code in the area provided. If claiming exemption, a Declaration of Eligibility for State Business License Exemption must accompany initial list. Entities claiming exemption cannot file online.
5. The **SIGNATURE**, including signer's title and date signed **MUST** be included in the areas provided at the bottom of the form. Signature may be that of an officer or equivalent or that of another person authorized by the entity to sign the list.
6. Completed **FORM, FEES and applicable PENALTIES** must be returned to the Secretary of State. Pursuant to NRS 225.085, all Initial and Annual Lists must be in the care, custody and control of the Secretary of State by the close of the business on the due date. Lists received after the due date will be returned unfiled, and will require any associated fees and penalties as a result of being late. Trackable delivery methods such as Express Mail, Federal Express, UPS Overnight may be acceptable if the package was guaranteed to be delivered on or before the due date yet failed to be timely delivered.

**FILING FEES:** The annual filing fee for corporations will be based on the amount represented by the total number of shares provided for in the articles. See fee schedule or contact our office. Annual lists for nonprofit corporations without shares are \$25.00. Nonprofit corporations and corporations sole are not required to maintain a State Business License or pay the additional fee.

**ADDITIONAL FORMS** may be obtained on our website at [www.nvsos.gov](http://www.nvsos.gov) or by calling 775-684-5708.

**FILE STAMPED COPIES:** To receive one file stamped copy, please mark the appropriate check box on the list. Additional copies require \$2.00 per page and appropriate order instructions.

**CERTIFIED COPIES:** To order a certified copy, enclose an additional \$30.00 and appropriate instructions. A copy fee of \$2.00 per page is required for each copy generated when ordering 2 or more certified copies.

**EXPEDITE FEE:** Filing may be expedited for an additional \$125.00 fee for 24-hour service, \$500.00 for 2-hour service and \$1000.00 for 1-hour service.

Filing may be submitted at the office of the Secretary of State or by mail at the following addresses:

**MAIN OFFICE:**  
*Regular and Expedited Filings*

Secretary of State  
 Status Division  
 202 North Carson Street  
 Carson City NV 89701-4201  
 Phone: 775-684-5708  
 Fax: 775-684-7123

**SATELLITE OFFICE:**  
*Expedited Filings Only*

Secretary of State – Las Vegas  
 Commercial Recordings Division  
 555 East Washington Ave, Suite 5200  
 Las Vegas NV 89101  
 Phone: 702-486-2880  
 Fax: 702-486-2888

**(NONPROFIT) INITIAL/ANNUAL LIST OF OFFICERS AND DIRECTORS OF**

ENTITY NUMBER

CARIDAD INC.



E0637602014-1

NAME OF CORPORATION FOR THE FILING PERIOD OF DEC, 2014 TO DEC, 2015. Due by Jan 31, 2015



100201

USE BLACK INK ONLY - DO NOT HIGHLIGHT

\*\*YOU MAY NOW FILE THIS LIST ONLINE AT www.nvsilverflume.gov\*\*

Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)

IMPORTANT: Read instructions before completing and returning this form.

- 1. Print or type names and addresses, either residence or business, for all officers and directors. A President, Secretary, Treasurer, or equivalent of and all Directors must be named. There must be at least one director. If there are additional officers, attach a list of them to this form. An Officer or other authorized signer must sign the form. FORM WILL BE RETURNED IF UNSIGNED.
2. Return the completed form with the \$25.00 filing fee, if no capitalization. A \$50.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
3. Make your check payable to the Secretary of State. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708.
4. Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties.
5. Ordering Copies: If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order. FILING FEE: \$25.00 (IF NO CAPITALIZATION) LATE PENALTY: \$50.00 (if filing late)

ABOVE SPACE IS FOR OFFICE USE ONLY

Charitable Solicitation - For nonprofit entities formed under NRS Chapters 80 and 82

- If the nonprofit corporation intends to solicit charitable/tax deductible contributions a "Charitable Solicitation Registration Statement" form is required to be attached. If the answer is no, there is no additional form required.

- If the nonprofit corporation intends to solicit charitable/tax deductible contributions but meets the exemption requirements, an "Exemption From Charitable Solicitation Registration Statement" form is required to be attached.

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

Does Corporation intend to solicit charitable/tax deductible contributions?

Yes\* No

\*If yes, registration statement is required as of January 1, 2014.

Corporation claims exemption pursuant to NRS 82.392(7)(b) or is recognized as a church under Internal Revenue Code 501(c)(3).

Exempt from filing -

If checked, Exemption from Charitable Solicitation Registration Statement form is required as of January, 1, 2014.

For Nonprofit entities formed under NRS Chapters 80 and 81: entities without 501(c) nonprofit designation are required to maintain a state business license, the fee is \$200.00. Those claiming an exemption under 501(c) designation must indicate by checking the box below and submit a Declaration of Eligibility form. Failure to attach the required notarized Declaration of Eligibility will result in a rejection, which could result in late fees.

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

Form with fields for Name, Title, Address, City, State, and ZIP Code for President, Secretary, Treasurer, and Director.

None of the officers or 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 business.

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

Title Date

Signature of Officer or Other Authorized Signature





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

**ATTACH FORM ONLY IF CLAIMING A  
 STATE BUSINESS LICENSE EXEMPTION**



\*270102\*

**Declaration of Eligibility for State  
 Business License Exemption**

(This form must be notarized)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

This form must accompany the List of Officers only if claiming exemption from the State Business License. Please provide the information requested only for the exemption for which you claim eligibility. Failure to provide the requested information or to notarize this document will result in a rejected filing, which could result in late fees.

Entity Name:

NV Business  
 I.D. Number:

**001 - Governmental Entity**

This entity is an incorporated or unincorporated agency or instrumentality of the United States government or any state government; a corporation wholly owned by the United States government; or county, city, district, or other political subdivision of a state.

**002 - 501(c) Nonprofit Entity**

This entity is qualified as a 501(c) Nonprofit Entity pursuant to Title 26 U.S.C. Section 501(c). Please provide the Internal Revenue Service (IRS) issued **Federal Employer Identification Number (FEIN)**

**005 - Motion Picture Company**

Is the primary purpose of this entity to create or produce motion pictures, as defined in NRS 231.020?  Yes  No

If yes to above question, does the creation or production of motion pictures occur in Nevada?  Yes  No

If so, please provide Nevada Film Office registration number:

**006 - NRS 680B.020 Insurance Company**

Are the activities of this entity regulated through a license or certificate of authority granted by the Division of Insurance pursuant to NRS Title 57?

Yes  No

If yes, provide license or certificate of authority number

**I declare under penalty of perjury, as a representative authorized by statute to file on behalf of the above named entity, that the declarations indicated above are true and correct.**

**X**

Signature

Title

Date

State of \_\_\_\_\_ County of \_\_\_\_\_

Subscribed and sworn to before me the \_\_\_\_\_ 20 \_\_\_\_\_

by \_\_\_\_\_  
 (Print name of Signer)

Notary Signature \_\_\_\_\_