

Corporations Division PO Box 778 / 600 W. Main St., Rm. 322 Jefferson City, MO 65102

City, State, and Zip Code:

Articles of Incorporation

Article One The name of the corporation is _____ **Article Two** The registered agent's name is _____ The address, including street and number for the registered agent's office in the state of Missouri: (PO Box may only be used in addition to a physical street address) Street Address City State/Zip **Article Three** (Must complete 1 or 2) 1. If the aggregate number of shares in which the corporation shall have authority to issue DOES NOT exceed 30,000 shares or the par valued DOES NOT exceed \$30,000 please check this box: 2. If the aggregate number of shares in which the corporation shall have authority to issue exceeds 30,000 shares or the par value exceeds \$30,000 dollars please indicate the number of shares of each class and the par value of each share. Also, indicate a statement of the preferences, qualifications, limitations, restrictions and the special or relative rights including convertible right, if any, in respect of the share of each class: **Article Four** The name and physical business or residence address of each incorporator: City/State/Zip Name Address (Please see next page) Name and address to return filed document:

Article Five

The number of years the corpo	oration is to conti	inue or perpetual: (Please select one)	
Perpetual (check box)	or	State number of years	
		Article Six	
The corporation is formed to	for the following	lawful purpose(s):	
		Article Seven	
The number of directors to	constitute the b	oard of directors: (optional)	
The effective date of this document	ment is the date it	t is filed by the Secretary of State of Missouri unle	ess a future date is otherwise indicated
	(Da	ate may not be more than 90 days after the filing date in this	office)
In Affirmation thereof, the fac (The undersigned understands t		re true and correct: nts made in this filing are subject to the penalties p	provided under Section 575.040, RSMc
Signature of Incorporator(s)		Printed or Typed Name Name of Incorporator(s)	Date of Signature