

STATE OF NEVADA

**BARBARA K. CEGAVSKE**

*Secretary of State*

**KIMBERLEY PERONDI**

*Deputy Secretary  
for Commercial Recordings*



OFFICE OF THE  
SECRETARY OF STATE

**Commercial Recordings Division**

202 N. Carson Street  
Carson City, NV 89701-4201  
Telephone (775) 684-5708  
Fax (775) 684-7138

THERESA M BELL  
RESILIENT TRUTHS

**Job:C20170321-2011**  
March 22, 2017

NV

**Special Handling Instructions:**

EMAIL 3/22/17 RA NF FSC C20170321-2011 THERESABELL95@GMAIL.COM

**Charges**

Description	Document Number	Filing Date/Time	Qty	Price	Amount
Articles of Incorporation	20170121412-11	3/21/2017 8:36:38 AM	1	\$50.00	\$50.00
Total					\$50.00

**Payments**

Type	Description	Amount
Credit	4902017215216474303015	\$50.00
Total		\$50.00

**Credit Balance: \$0.00**

**Job Contents:**

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

THERESA M BELL  
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NV



BARBARA K. CEGAVSKE  
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Website: [www.nvsos.gov](http://www.nvsos.gov)



\*040604\*

# Nonprofit Articles of Incorporation

(PURSUANT TO NRS CHAPTER 82)

Filed in the office of <i>Barbara K. Cegavske</i> Barbara K. Cegavske Secretary of State State of Nevada	Document Number <b>20170121412-11</b> Filing Date and Time <b>03/21/2017 8:36 AM</b> Entity Number <b>E0136872017-9</b>
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USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

1. Name of Corporation:	<b>Resilient Truths</b>			
2. Registered Agent for Service of Process: (check only one box)	<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) <b>Theresa M Bell</b> Name of Noncommercial Registered Agent <b>OR</b> Name of Title of Office or Other Position with Entity <b>433 Duke Avenue</b> <b>North Las Vegas</b> <b>Nevada</b> <b>89030</b> Street Address City State Zip Code <b>_____ Nevada _____</b> Mailing Address (if different from street address) City State Zip Code			
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) <b>Theresa M Bell</b> Name <b>433 Duke Avenue</b> <b>North Las Vegas</b> <b>NV</b> <b>89030</b> Street Address City State Zip Code 2) <b>Torsha Lewis</b> Name <b>Box 620323</b> <b>Las Vegas</b> <b>NV</b> <b>89162</b> Street Address City State Zip Code 3) <b>Tanya Arndt</b> Name <b>1800 Shiloh Place</b> <b>North Las Vegas</b> <b>NV</b> <b>89030</b> Street Address City State Zip Code 4) <b>Valerie Turner</b> Name <b>2729 Shield Street</b> <b>North Las Vegas</b> <b>NV</b> <b>89030</b> Street Address City State Zip Code			
4. Purpose: (required; continue on additional page if necessary)	<i>The purpose of the corporation shall be:</i> <b>Faith-based organization bringing restoration and resources to communities.</b>			
5. Name, Address and Signature of Incorporator: (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. <b>Theresa M Bell</b> <b>X</b> <i>Theresa M. Bell</i> Name Incorporator Signature <b>433 Duke Avenue</b> <b>North Las Vegas</b> <b>NV</b> <b>89030</b> Address City State Zip Code			
6. Certificate of Acceptance of Appointment of Registered Agent:	<i>I hereby accept appointment as Registered Agent for the above named Entity.</i> <b>X</b> <i>Theresa M. Bell</i> <b>March 16, 2017</b> Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity Date			

This form must be accompanied by appropriate fees.

Nevada Secretary of State NRS 82 Articles  
Revised: 1-30-15



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



\*180304\*

## 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

ABOVE SPACE IS FOR OFFICE USE ONLY

### Certificate of Acceptance of Appointment by Registered Agent

In the matter of

Resilient Truths

Name of Represented Business Entity

I, Theresa M Bell

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:

President

Title of Office or Position of Person in Represented Entity

433 Duke Avenue North Las Vegas Nevada 89030  
Street Address City Nevada Zip Code

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

and hereby state that on March 16, 2017

Date

I accepted the appointment as registered agent for

the above named business entity.

X Theresa M. Bell

March 16, 2017

Authorized Signature of R.A. or On Behalf of R.A. Company

Date

\*If changing Registered Agent when reinstating, officer's signature required.

X

Signature of Officer

Date

# SECRETARY OF STATE



## CORPORATE CHARTER

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that **RESILIENT TRUTHS**, did on March 21, 2017, 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 March 22, 2017.

*Barbara K. Cegavske*

BARBARA K. CEGAVSKE

Secretary of State

Certified By: Raphael Alves  
Certificate Number: C20170321-2011  
You may verify this certificate  
online at <http://www.nvsos.gov/>



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Secretary of State  
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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. **NRS Chapter 81 – Nonprofit:** Entities which are under 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 if this entity falls into one of these categories by marking the appropriate box. If the entity does not meet either of these categories please submit \$200.00 for the state business license
6. 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.
7. 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 \$50.00. 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

RESILIENT TRUTHS

ENTITY NUMBER



E0136872017-9



100201

NAME OF CORPORATION

FOR THE FILING PERIOD OF

MAR, 2017

TO

MAR, 2018. Due by Apr 30, 2017

USE BLACK INK ONLY - DO NOT HIGHLIGHT

**\*\*YOU MAY NOW FILE THIS LIST ONLINE AT [www.nvsilverflume.gov](http://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 \$50.00 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.

**ABOVE SPACE IS FOR OFFICE USE ONLY**

FILING FEE: \$50.00 (IF NO CAPITALIZATION) LATE PENALTY: \$50.00 (if filing late)

**Charitable Solicitation Information – check applicable box**

Does Organization intend to solicit charitable/tax deductible contributions?

☐ No – No additional form required

☐ Yes – "Charitable Solicitation Registration Statement" required

Organization claims exemption pursuant to (2015) AB50 15(1) or is recognized as a church under Internal Revenue Code 501(c)(3).

☐ Exempt from filing – "Exemption From Charitable Solicitation Registration Statement" required

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

**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 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

**NRS Chapter 81 - Nonprofit:** 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 into one of these categories by marking the appropriate box. If the entity does not meet 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)

NAME <input type="text"/>	TITLE(S) <b>PRESIDENT (OR EQUIVALENT OF)</b>		
ADDRESS <input type="text"/>	CITY <input type="text"/>	STATE <input type="text"/>	ZIP CODE <input type="text"/>
NAME <input type="text"/>	TITLE(S) <b>SECRETARY (OR EQUIVALENT OF)</b>		
ADDRESS <input type="text"/>	CITY <input type="text"/>	STATE <input type="text"/>	ZIP CODE <input type="text"/>
NAME <input type="text"/>	TITLE(S) <b>TREASURER (OR EQUIVALENT OF)</b>		
ADDRESS <input type="text"/>	CITY <input type="text"/>	STATE <input type="text"/>	ZIP CODE <input type="text"/>
NAME <input type="text"/>	TITLE(S) <b>DIRECTOR</b>		
ADDRESS <input type="text"/>	CITY <input type="text"/>	STATE <input type="text"/>	ZIP CODE <input type="text"/>

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**

**Signature of Officer or Other  
Authorized Signature**

Title

Date

<input type="text"/>	<input type="text"/>
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Carson City, Nevada 89701-4201  
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ATTACH FORM ONLY IF CLAIMING A  
STATE BUSINESS LICENSE EXEMPTION



\*270104\*

**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 \_\_\_\_\_