

Clear Form

Print Form

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**APPLICATION FOR AUTHORITY  
TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN ARIZONA**

*Read the Instructions C018i*

**1. ENTITY TYPE – check only one** to indicate the type of entity applying for authority:

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> FOR-PROFIT CORPORATION | <input type="checkbox"/> INSURER   |
| <input type="checkbox"/> NONPROFIT CORPORATION             | <input type="checkbox"/> SAVINGS AND LOAN ASSOCIATION                                  |
| <input type="checkbox"/> PROFESSIONAL CORPORATION          | <input type="checkbox"/> CREDIT UNION  |
| <input type="checkbox"/> CLOSE CORPORATION                 | <input type="checkbox"/> COOPERATIVE MARKETING ASSOCIATION                             |
| <input type="checkbox"/> CORPORATION SOLE                  | <input type="checkbox"/> ELECTRIC COOPERATIVE NON-PROFIT MEMBERSHIP ASSOC.             |
|  | <input type="checkbox"/> NONPROFIT ELEC. GENERATION AND TRANSMISSION COOPERATIVE CORP. |

**2. NAME IN STATE OR COUNTRY OF INCORPORATION (FOREIGN NAME) – enter the exact, true name of the foreign corporation:**

VEGAS OUTSOURCING SOLUTIONS CORP.

**3. NAME TO BE USED IN ARIZONA (ENTITY NAME) – see Instructions C018i** - identify the name the foreign corporation will use in Arizona by checking 3.1, 3.2, or 3.3 (check only one), and follow instructions

- |  |  |  |
|--|--|--|
| <b>3.1</b> <input checked="" type="checkbox"/> Name in state or country of incorporation, with no changes –<br>Go to number 4. | <b>3.2</b> <input type="checkbox"/> Name in state or country of incorporation, <i>with a corporate identifier added</i> to it –<br>Enter the name in number 3.4 below. | <b>3.3</b> <input type="checkbox"/> Fictitious name (check this <i>only if</i> the foreign corporation's name in its state or country of incorporation is not available for use in Arizona) –<br>Enter the name in number 3.4 below. |
|--|--|--|

**3.4** If you checked 3.2 or 3.3, enter or print the name to be used in Arizona:

**4. FOREIGN DOMICILE** – list the state or country in which the foreign corporation is incorporated: NEVADA

**5. DATE OF INCORPORATION IN FOREIGN DOMICILE:** 02/20/2019

**6. DURATION – if the duration or life period of the foreign corporation is perpetual (forever), then skip this section** and continue to number 7 or number 8. Otherwise, check the box below *and* fill in the date:

☐ The foreign corporation life period will end on this **date:** \_\_\_\_\_ (enter a date)

**7. PURPOSE** – the foreign corporation's purpose is to engage in any or all lawful business or affairs in which corporations may engage in the state or country under whose law the foreign corporation is incorporated, subject to the following **limitations**, if any (*leave this blank if there are no limitations on the corporation's purpose*):

All Lawful Business

8. **CHARACTER OF BUSINESS** – briefly describe the character of business or affairs the foreign corporation initially intends to conduct in Arizona. NOTE that the character of business or affairs that the foreign corporation ultimately conducts is not limited by the description provided.

## OUTSOURCING

<b>9. PRINCIPAL OFFICE ADDRESS - FOREIGN DOMICILE STREET ADDRESS</b> – <i>see Instructions C018i</i> – give the <b>physical or street address</b> (not a P. O. Box) of the foreign corporation required to be maintained in its state or country of incorporation, or, if not so required, of the foreign corporation's statutory agent in its state or country of incorporation:	<b>10. ARIZONA KNOWN PLACE OF BUSINESS ADDRESS:</b> Is the Arizona known place of business street address the same as the <b>street address</b> of the statutory agent? <input checked="checked" type="checkbox"/> Yes – go to number 11 and continue. <input type="checkbox"/> No – provide the Arizona physical or street address (not a P.O. Box) below:
<b>RICKY V. NEY</b> Attention (optional) <b>4480 SIRIUS AVE # 143</b> Address 1	Attention (optional) Address 1
Address 2 (optional) City <b>LAS VEGAS</b> <b>NV</b> Zip <b>89102</b> <small>State</small>	Address 2 (optional) City    State    Zip

<b>11. STATUTORY AGENT IN ARIZONA</b> – <i>see Instructions C018i</i> :			
<b>11.1 REQUIRED</b> – give the <b>name</b> (can be an individual or an entity) <b>and physical or street address</b> (not a P.O. Box) in Arizona of the statutory agent:	<b>11.2 OPTIONAL</b> – mailing address in Arizona of statutory agent (can be a P.O. Box):		
<b>REGISTERED AGENT INC</b> Statutory Agent Name (required)	Attention (optional)		
Attention (optional) <b>1946 E. Innovation Park Dr, Ste 100</b> Address 1	Address 1		
Address 2 (optional) City <b>Oro Valley</b> <b>AZ</b> Zip <b>85755</b> <small>State</small>	Address 2 (optional) City    State    Zip		
<b>11.3 REQUIRED</b> – the <u>Statutory Agent Acceptance</u> form M002 must be submitted along with this Application For Authority.			

<b>12. DIRECTORS</b> - list the <b>name and business address</b> of each and every Director of the corporation. If more space is needed, check this box <input type="checkbox"/> and complete and attach the <u>Director Attachment</u> form C082.			
<b>RICKY V. NEY</b> Director Name <b>4480 SIRIUS AVE # 143</b> Address 1	Director Name Address 1		
Address 2 (optional) <b>LAS VEGAS</b> <b>NV</b> Zip <b>89102</b> <small>State or Province</small>	Address 2 (optional) City    State or Province    Zip		
City    Country <b>United State</b>	City    State or Province    Zip Country		
Date taking office (optional):		Date taking office (optional):	

Director Name				Director Name			
Address 1				Address 1			
Address 2 (optional)				Address 2 (optional)			
City		State or Province	Zip	City		State or Province	Zip
Country				Country			
Date taking office (optional):				Date taking office (optional):			
Director Name				Director Name			
Address 1				Address 1			
Address 2 (optional)				Address 2 (optional)			
City		State or Province	Zip	City		State or Province	Zip
Country				Country			
Date taking office (optional):				Date taking office (optional):			
<b>13. OFFICERS</b> - list the name and business address of all principal Officers of the corporation. If more space is needed, check this box <input type="checkbox"/> and complete and attach the <u>Officer Attachment</u> form C085.							
Ricky V. Ney							
Officer Name				Officer Name			
4480 SIRIUS AVE # 143							
Address 1				Address 1			
Address 2 (optional)				Address 2 (optional)			
LAS VEGAS		NV	89102	Address 2 (optional)			
City		State or Province	Zip	City		State or Province	Zip
Country	United State			Country			
Date taking office (optional):		Officer Title:		Date taking office (optional):		Officer Title:	
		PRESIDENT					
Officer Name				Officer Name			
Address 1				Address 1			
Address 2 (optional)				Address 2 (optional)			
City		State or Province	Zip	City		State or Province	Zip
Country				Country			
Date taking office (optional):		Officer Title:		Date taking office (optional):		Officer Title:	
Officer Name				Officer Name			
Address 1				Address 1			
Address 2 (optional)				Address 2 (optional)			
City		State or Province	Zip	City		State or Province	Zip
Country				Country			
Date taking office (optional):		Officer Title:		Date taking office (optional):		Officer Title:	



14. **FOR-PROFITS ONLY - SHARES AUTHORIZED** - *see Instructions C018i* - list the class (common, preferred, etc.) and total number of shares the foreign corporation is AUTHORIZED to issue. This information must match the original Articles of Incorporation plus any amendments thereto. If more space is needed, check this box ☐ and complete and attach the Shares Authorized Attachment form C087.

Class: COMMON Series: \_\_\_\_\_ Total: 75,000,000

Class: \_\_\_\_\_ Series: \_\_\_\_\_ Total: \_\_\_\_\_

15. **FOR-PROFITS ONLY - SHARES ISSUED** - *see Instructions C018i* - list each class/series of authorized shares and give the total number and par value of shares of that class that have been ISSUED. If no shares of that class have been issued, put the number zero. If more space is needed, check this box ☐ and complete and attach the Shares Issued Attachment form C097.

Class: COMMON Series: \_\_\_\_\_ Total: 0

Class: \_\_\_\_\_ Series: \_\_\_\_\_ Total: \_\_\_\_\_

16. **NONPROFITS ONLY - MEMBERS** - check one box only:

Does the foreign nonprofit corporation have members? ☐ Yes ☐ No

17. **PROFESSIONAL CORPORATIONS ONLY - PROFESSIONAL SERVICES** - if "professional corporation" is checked in number 1, briefly describe the type of professional services the corporation will render (examples: accounting, medical, law firm):

18. **PROFESSIONAL CORPORATIONS ONLY - PROFESSIONAL LICENSE:**

By the signature appearing on this document, the foreign professional corporation certifies under penalty of law that at least one-half of its shareholders who are entitled to vote for the election of directors, and at least one-half of its directors, and its president, are licensed in one or more states to render a professional service described in the foreign professional corporation's articles of incorporation.

**NOTE:** You must attach a statement from the licensing authority in Arizona for the profession showing that at least one of the professional corporation's shareholders or employees is licensed in Arizona to render that professional service. (See A.R.S. § 10-2245.)

**SIGNATURE:** By checking the box marked "I accept" below, I acknowledge *under penalty of law* that this document together with any attachments is submitted in compliance with Arizona law.

☒ I ACCEPT

Signature

Ricky V. Ney

Printed Name

01/13/2020

Date

**REQUIRED** - check only one:

<input type="checkbox"/> I am the <b>Chairman of the Board of Directors</b> of the corporation filing this document.	<input checked="" type="checkbox"/> I am a duly-authorized <b>Officer</b> of the corporation filing this document.	<input type="checkbox"/> I am a duly authorized <b>bankruptcy trustee</b> , receiver, or other court-appointed fiduciary for the corporation filing this document.
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Filing Fee: \$175.00 (regular processing)  
Expedited processing - add \$35.00 to filing fee.  
All fees are nonrefundable - see Instructions.

Mail: Arizona Corporation Commission - Corporate Filings Section  
1300 W. Washington St., Phoenix, Arizona 85007  
Fax: 602-542-4100

Please be advised that A.C.C. forms reflect only the **minimum** provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business.  
All documents filed with the Arizona Corporation Commission are **public record** and are open for public inspection.  
If you have questions after reading the Instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

**STATUTORY AGENT ACCEPTANCE***Please read Instructions M002i*

1. **ENTITY NAME** – give the **exact** name in Arizona of the corporation or LLC that has appointed the Statutory Agent (this must match exactly the name as listed on the document appointing the statutory agent, e.g., Articles of Organization or Article of Incorporation):  
VEGAS OUTSOURCING SOLUTIONS CORP.

2. **STATUTORY AGENT NAME** – give the exact name of the Statutory Agent appointed by the entity listed in number 1 above (this will be *either* an individual or an entity). **NOTE** - the name must match **exactly** the statutory agent name as listed in the document that appoints the statutory agent (e.g. Articles of Incorporation or Articles of Organization), including any middle initial or suffix:

Registered Agents Inc

**3. STATUTORY AGENT SIGNATURE:**

By the signature appearing below, the individual or entity named in number 2 above accepts the appointment as statutory agent for the entity named in number 1 above, and acknowledges that the appointment is effective until the appointing entity replaces the statutory agent or the statutory agent resigns, whichever occurs first.

The person signing below declares and certifies *under penalty of perjury* that the information contained within this document together with any attachments is true and correct, and is submitted in compliance with Arizona law.



Signature

Bill Havre

Printed Name

Assistant Secretary 01/14/20

Date

**REQUIRED** – check only one:

☐ **Individual as statutory agent:** I am signing on behalf of myself as the individual (natural person) named as statutory agent.

☐ **Entity as statutory agent:** I am signing on behalf of the entity named as statutory agent, and I am authorized to act for that entity.

Filing Fee: none (regular processing)  
Expedited processing – not applicable.  
All fees are nonrefundable – see Instructions.

Mail: Arizona Corporation Commission – Corporate Filings Section  
1300 W. Washington St., Phoenix, Arizona 85007  
Fax: 602-542-4100

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**CERTIFICATE OF DISCLOSURE***Read the Instructions C003i*

- 1. ENTITY NAME**
- give the exact name of the corporation in Arizona:

VEGAS OUTSOURCING SOLUTIONS CORP.

**2. FELONY/JUDGMENT QUESTIONS :**

Has any person (a) who is currently an officer, director, trustee, or incorporator, or (b) who controls or holds over ten per cent of the issued and outstanding common shares or ten per cent of any other proprietary, beneficial or membership interest in the corporation been:

<b>2.1</b>	Convicted of a felony involving a transaction in securities, consumer fraud or antitrust in any state or federal jurisdiction within the five year period immediately preceding the signing of this certificate?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>2.2</b>	Convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses or restraint of trade or monopoly in any state or federal jurisdiction within the five-year period immediately preceding the signing of this certificate?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>2.3</b>	Subject to an injunction, judgment, decree or permanent order of any state or federal court entered within the five-year period immediately preceding the signing of this certificate, involving any of the following: a. The violation of fraud or registration provisions of the securities laws of that jurisdiction; b. The violation of the consumer fraud laws of that jurisdiction; c. The violation of the antitrust or restraint of trade laws of that jurisdiction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>2.4</b>	If any of the answers to numbers 2.1, 2.2, or 2.3 are <b>YES</b> , you <b>MUST</b> complete and attach a Certificate of Disclosure Felony/Judgment Attachment form C004.		

**3. BANKRUPTCY QUESTION:**

<b>3.1</b>	Has any person (a) who is currently an officer, director, trustee, incorporator, or (b) who controls or holds over twenty per cent of the issued and outstanding common shares or twenty per cent of any other proprietary, beneficial or membership interest in the corporation, served in any such capacity or held a twenty per cent interest in <b>any other corporation</b> (not the one filing this Certificate) on the bankruptcy or receivership of the <b>other corporation</b> ?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>3.2</b>	If the answer to number 3.1 is <b>YES</b> , you <b>MUST</b> complete and attach a Certificate of Disclosure Bankruptcy Attachment form C005.		

**IMPORTANT:** If within 60 days of the delivery of this Certificate to the A.C.C. any person not included in this Certificate becomes an officer, director, trustee or person controlling or holding over ten per cent of the issued and outstanding shares or ten per cent of any other proprietary, beneficial or membership interest in the corporation, the corporation must submit a SUPPLEMENTAL Certificate providing information about that person, signed by all incorporators or by a duly elected and authorized officer.

**SIGNATURE REQUIREMENTS:**

Initial Certificate of Disclosure:	This Certificate must be signed by all incorporators. If more space is needed, complete and attach an Incorporator Attachment form C084.
Foreign corporations:	This Certificate may be signed by a duly authorized officer or by the Chairman of the Board of Directors.
Credit Unions and Loan Companies:	This Certificate must be signed by any 2 officers or directors.

**Ricky V. Ney**

Name

4480 SIRIUS AVE # 143

Address 1

Address 2

LAS VEGAS

NV

89102

City

Country

United State

State

Zip

**SIGNATURE - see Instructions C003i:**

By typing or entering my name and checking the box marked "I accept" below, I acknowledge *under penalty of law* that this document together with any attachments is submitted in compliance with Arizona law.

☒ I ACCEPT

Signature

Ricky V. Ney

Printed Name

01/14/20

Date

**REQUIRED - check only one:**

- ☐ **Incorporator** - I am an incorporator of the corporation submitting this Certificate.
- ☒ **Officer** - I am an officer of the corporation submitting this Certificate
- ☐ **Chairman of the Board of Directors** - I am the Chairman of the Board of Directors of the corporation submitting this Certificate.
- ☐ **Director** - I am a Director of the credit union or loan company submitting this Certificate.

Name

Address 1

Address 2

City

Country

State

Zip

**SIGNATURE - see Instructions C003i:**

By typing or entering my name and checking the box marked "I accept" below, I acknowledge *under penalty of law* that this document together with any attachments is submitted in compliance with Arizona law.

☐ I ACCEPT

Signature

Printed Name

Date

**REQUIRED - check only one:**

- ☐ **Incorporator** - I am an incorporator of the corporation submitting this Certificate.
- ☐ **Officer** - I am an officer of the corporation submitting this Certificate
- ☐ **Chairman of the Board of Directors** - I am the Chairman of the Board of Directors of the corporation submitting this Certificate.
- ☐ **Director** - I am a Director of the credit union or loan company submitting this Certificate.

Filing Fee: None

All fees are nonrefundable - see Instructions.

Mail: Arizona Corporation Commission - Corporate Filings Section  
1300 W. Washington St., Phoenix, Arizona 85007  
Fax: 602-542-4100

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# SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **VEGAS OUTSOURCING SOLUTIONS CORP.**, as a DOMESTIC CORPORATION (78) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 02/20/2019, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 01/14/2020.

*Barbara K. Cegavske*

BARBARA K. CEGAVSKE  
Secretary of State

Certificate Number: B20200114508505

You may verify this certificate online  
at <http://www.nvsos.gov> \_\_\_\_\_



**BARBARA K. CEGAVSKE***Secretary of State***KIMBERLEY PERONDI***Deputy Secretary for  
Commercial Recordings***STATE OF NEVADA****OFFICE OF THE  
SECRETARY OF STATE***Commercial Recordings 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***Certified Copy**

01/21/2020 17:02:14 PM

**Work Order** W2020012102005 - 360074  
**Number:**  
**Reference Number:** 20200430647  
**Through Date:** 01/21/2020 17:02:14 PM  
**Corporate Name:** VEGAS OUTSOURCING  
 SOLUTIONS CORP.

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	Description	Number of Pages
20190074154-13	Articles of Incorporation - 02/20/2019	1



Respectfully,

A handwritten signature in cursive script that reads "Barbara K. Cegavske".

**BARBARA K. CEGAVSKE**  
 Nevada Secretary of State

Certified By: Electronically Certified

Certificate Number: B20200122524982

You may verify this certificate

online at <http://www.nvsos.gov>



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

\*040105\*

# Articles of Incorporation

(PURSUANT TO NRS CHAPTER 78)

Filed in the Office of <i>Barbara K. Cegavske</i>	Business Number E0077922019-6
Secretary of State State Of Nevada	Filing Number 20190074154-13
	Filed On 02/20/2019
	Number of Pages 1

(This document was filed electronically.)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

<b>1. Name of Corporation:</b>	VEGAS OUTSOURCING SOLUTIONS CORP.		
<b>2. Registered Agent for Service of Process:</b> (check only one box)	<input type="checkbox"/> Commercial Registered Agent: _____ Name <input checked="" type="checkbox"/> Noncommercial Registered Agent (name and address below) <b>OR</b> <input type="checkbox"/> Office or Position with Entity (name and address below) <b>RICKY V. NEY</b> Name of Noncommercial Registered Agent <b>OR</b> Name of Title of Office or Other Position with Entity <b>4480 SIRIUS AVE # 143</b> <b>LAS VEGAS</b> Nevada <b>89102</b> Street Address City Zip Code <b>P.O. BOX 29134</b> <b>LAS VEGAS</b> Nevada <b>89126</b> Mailing Address (if different from street address) City Zip Code		
<b>3. Authorized Stock:</b> (number of shares corporation is authorized to issue)	Number of shares with par value: <b>75000000</b>	Par value per share: \$ <b>0.001</b>	Number of shares without par value: <b>0</b>
<b>4. 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 two directors/trustees)	1) <b>RICKY V NEY</b> Name <b>4480 SIRIUS AVE # 143</b> <b>LAS VEGAS</b> <b>NV</b> <b>89102</b> Street Address City State Zip Code 2) _____ Name _____ Street Address City State Zip Code		
<b>5. Purpose:</b> (optional; required only if Benefit Corporation status selected)	The purpose of the corporation shall be: <b>ALL LEGAL BUSINESS ACTIVITIES</b>		<b>6. Benefit Corporation:</b> (see instructions) <input checked="" type="checkbox"/> Yes
<b>7. 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. <b>RICKY V NEY</b> <b>X</b> <b>RICKY V NEY</b> Name Incorporator Signature <b>4480 SIRIUS AVE # 143</b> <b>LAS VEGAS</b> <b>NV</b> <b>89102</b> Address City State Zip Code		
<b>8. Certificate of Acceptance of Appointment of Registered Agent:</b>	I hereby accept appointment as Registered Agent for the above named Entity. <b>X</b> <b>RICKY V. NEY</b> <i>[Signature]</i> Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity <b>2/20/2019</b> Date		

This form must be accompanied by appropriate fees.