

APPLICATION FOR AUTHORITY OF FOREIGN CORPORATION

ENTITY INFORMATION

ENTITY NAME:	SMS SOLUTIONS, INC.
ENTITY ID:	23800914
ENTITY TYPE:	Foreign For-Profit (Business) Corporation
EFFECTIVE DATE:	04/27/2025
FOREIGN DOMICILE STATE:	Nevada
DATE OF FORMATION IN FOREIGN DOMICILE:	09/10/2024
DURATION:	Perpetual
TRUE NAME IN FOREIGN DOMICILE:	SMS Solutions, Inc.
PURPOSE:	
CHARACTER OF BUSINESS:	Any legal purpose
AUTHORIZED SHARES:	Share Class: Common Share Series: Share Total: 1399 Share Class: Preferred Share Series: Share Total: 101
ISSUED SHARES:	Share Class: Preferred Share Series: Share Total: ZERO Share Class: Common Share Series: Share Total: ZERO

STATUTORY AGENT INFORMATION

STATUTORY AGENT NAME:	Michael Calens
PHYSICAL ADDRESS:	6132 W. Fallen Leaf Lane, GLENDALE, AZ 85310
MAILING ADDRESS:	

KNOWN PLACE OF BUSINESS

6132 W. Fallen Leaf Lane, GLENDALE, AZ 85310

PRINCIPAL OFFICE ADDRESS

Att: AAA, 1468 James Road, GARDNERVILLE, NV 89460

PRINCIPAL INFORMATION

Director: Michael Calens - 5900 King Road, Suite 215, LOOMIS, CA, 95650, USA - - Date of Taking Office:
President: Michael Calens - 5900 King Road, Suite 215, LOOMIS, CA, 95650, USA - - Date of Taking Office:

SIGNATURE

President: Michael Calens - 04/27/2025

RUBEN J. RODRIGUEZ

Deputy Secretary for Southern Nevada

2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2452

**OFFICE OF THE
SECRETARY OF STATE****GABR**

Chief Deputy

DEANNA L. REYNOLDS

Deputy Secretary for Commercial Recordings

401 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7141

Certified Copy

04/09/2025 08:47:29 AM

Work Order Number: W2025040900277 - 4375322**Reference Number:** 20254810404**Through Date:** 04/09/2025 08:47:29 AM**Corporate Name:** SMS Solutions

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
20244319095	Articles of Incorporation-For-Profit - 09/10/2024	3



Certified By: Electronically Certified

Certificate Number: B202504095611873

You may verify this certificate

online at <https://www.nvsilverflume.gov/home>

Respectfully,

A handwritten signature in black ink, appearing to read "FV Aguilar".

FRANCISCO V. AGUILAR
Nevada Secretary of State



FRANCISCO V. AGUILAR
Secretary of State
401 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Filed in the Office of <i>FVAguilar</i>	Recinace Number 25042720332010
Secretary of State State Of Nevada	09/10/2024 11:11:23 AM Number of Pages 3

Formation - Profit Corporation

- | | |
|---|--|
| <input checked="" type="checkbox"/> NRS 78 - Articles of Incorporation Domestic Corporation | <input type="checkbox"/> NRS 80 - Foreign Corporation |
| <input type="checkbox"/> NRS 89 - Articles of Incorporation Professional Corporation | <input type="checkbox"/> NRS 80 - Foreign Corporation Professional Corporation |

☐ 78A Formation - Close Corporation

(Name of closed corporation MUST appear in the below heading)

Articles of Formation of _____ a close corporation (NRS 78A)

TYPE OR PRINT - USE DARK INK ONLY - DO NOT HIGH LIGHT

1. Name of Entity: (If foreign, name in home jurisdiction)	SMS Solutions
2. Registered Agent for Service of Process: (Check only one box)	<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) AAA Name of Registered Agent OR Title of Office or Position with Entity 1468 JAMES RD GARDNERVILLE Nevada 89460 Street Address City Zip Code Mailing Address (If different from street address) City Nevada Zip Code
2a. Certificate of Acceptance of Appointment of Registered Agent:	<i>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.</i> X _____ Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity Date
3. Governing Board: (NRS 78A, close corporation only, check one box; if yes, complete article 4 below)	This corporation is a close corporation operating with a board of directors <input type="checkbox"/> Yes <u>OR</u> <input checked="" type="checkbox"/> No
4. Names and Addresses of the Board of Directors/ Trustees or Stockholders (NRS 78: Board of Directors/ Trustees is required. NRS 78a: Required if the Close Corporation is governed by a board of directors. NRS 89: Required to have the Original stockholders and directors. A certificate from the regulatory board must be submitted showing that each individual is licensed at the time of filing. See instructions)	1) Michael Calens Name 5900 King Road Ste. 215 Loomis CA 95650 Address City State Zip Code
5. Jurisdiction of Incorporation: (NRS 80 only)	5a. Jurisdiction of incorporation: _____ 5b. I declare this entity is in good standing in the jurisdiction of its incorporation. <input type="checkbox"/>



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 Secretary of State
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Formatic profit Corporation

Continued, Page 2

6. Benefit Corporation: (For NRS 78, NRS 78A, and NRS 89, optional. See instructions.)	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/Profession to be practiced: (Required for NRS 80, NRS 89 and any entity selecting Benefit Corporation. See instructions.)	Any legal enterprise.
8. Authorized Shares: (Number of shares corporation is authorized to issue)	Please indicate the break down of all corporate shares and the par value. Number of Authorized shares with Par value: <input type="text" value="1500.0"/> Par value: \$ <input type="text" value="0.01"/> Number of common shares with Par value: <input type="text" value="1399.0"/> Par value: \$ <input type="text" value="0.01"/> Number of preferred shares with Par value: <input type="text" value="101.0"/> Par value: \$ <input type="text" value="1.00"/> Number of shares with no par value: <input type="text" value="0"/> Foreign Corporations, NRS 80 only: <input type="checkbox"/> This is a corporation is a unlimited stock corporation <input type="checkbox"/> This is a corporation is a non-stock corporation. If more than one class or series of stock is authorized, please attach the information on an additional sheet of paper.
9. Name and Signature of: Officer making the statement or Authorized Signer for NRS 80. Name, Address and Signature of the Incorporator for NRS 78, 78A, and 89. NRS 89 - Each Organizer/Incorporator must be a licensed professional.	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> <input type="text" value="Justin Swierczek"/> Name <input type="text" value="5900 King Road, Ste. 215"/> Address X <input type="text" value="Justin Swierczek"/> </div> <div> <input type="text" value="United States"/> Country <input type="text" value="Loomis"/> City <input type="text" value="CA"/> State <input type="text" value="95650"/> Zip/Postal Code </div> </div> <p style="text-align: right;">(attach additional page if necessary)</p>

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)



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

Filed in the Office of <i>FVAguilar</i>	Reference Number 25042720332010
Secretary of State State Of Nevada	09/10/2024 11:11:23 AM Number of Pages 3

Registered Agent Acceptance/Statement of Change

(PURSUANT TO NRS 77.310, 77.340, 77.350, 77.380)

TYPE OR PRINT - USE DARK INK ONLY - DO NOT HIGHLIGHT

1. Entity information:	Name of represented entity: <input type="text"/> Entity or Nevada Business Identification Number (NVID): (for entities currently on file) <input type="text"/>
2. Registered Agent Acceptance:	<input type="checkbox"/> Registered Agent Acceptance
3. Information Being Changed:	Statement of Change takes the following effect: (select only one) <input type="checkbox"/> Appoints New Agent (complete section 5) <input type="checkbox"/> Update Represented Entity Acting as Registered Agent (complete sections 5) <input type="checkbox"/> Update Registered Agent Name (complete sections 4 & 5) <input type="checkbox"/> Update Registered Agent Address (complete sections 4 & 5)
4. Registered Agent Information Before the Change: (Non-commercial registered agents ONLY)	<input type="text"/> Name of Registered Agent OR Title of Office or Position with Entity <input type="text"/> Nevada <input type="text"/> Street Address City Zip Code <input type="text"/> Nevada <input type="text"/> Mailing Address (if different from street address) City Zip Code
5. Newly Appointed Registered Agent or Registered Agent Information After the Change:	<input type="checkbox"/> Commercial Registered Agent:(name only below) <input type="checkbox"/> Noncommercial Registered Agent (name and address below) <input type="checkbox"/> Office or Position with Entity (title or position and address below) <input type="text"/> Name of Registered Agent OR Title of Office or Position within Entity <input type="text"/> Nevada <input type="text"/> Street Address City Zip Code <input type="text"/> Nevada <input type="text"/> Mailing Address (if different from street address) City Zip Code
6. Electronic Notification: (Optional)	Email address for electronic notifications for "Non-Commercial" or "Office or Positions with Entity" registered agents only: <input type="text"/>
7. Certificate of Acceptance of Appointment of Registered Agent: (Required)	<i>I hereby accept appointment as Registered Agent for the above named Entity.</i> X <input type="text"/> <input type="text"/> Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity Date
8. Signature of Represented Entity: (Required)	X <input type="text"/> <input type="text"/> Authorized Signature On Behalf of the Entity Date

FEE: \$60.00

This form must be accompanied by appropriate fees.

STATE OF NEVADA

25042720332010

FRANCISCO V. AGUILAR

Secretary of State

RUBEN J. RODRIGUEZ

Deputy Secretary for Southern Nevada

2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2452



**OFFICE OF THE
SECRETARY OF STATE**

GABR

Chief Deputy

DEANNA L. REYNOLDS

Deputy Secretary for Commercial Recordings

401 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7141

Certified Copy

04/09/2025 14:17:44 PM

Work Order Number: W2025040901552 - 4376807

Reference Number: 20254811682

Through Date: 04/09/2025 14:17:44 PM

Corporate Name: SMS Solutions

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
20244319097	Initial List - 09/10/2024	2



Certified By: Electronically Certified

Certificate Number: B202504095613405

You may verify this certificate

online at <https://www.nvsilverflume.gov/home>

Respectfully,

A handwritten signature in black ink, appearing to read "FV Aguilar".

FRANCISCO V. AGUILAR
Nevada Secretary of State



FRANCISCO V. AGUILAR
 Secretary of State
 401 North Carson Street
 Carson City, Nevada 89701-4201
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Initial List and State Business License Application

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

SMS Solutions

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	Business Number
<i>FVAguilar</i>	E43190962024-8
Secretary of State	Filing Number
State Of Nevada	20244319097
	Filed On
	09/10/2024 11:11:24 AM
	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:

Michael Calens

Name

USA

Country

5900 King Road Ste. 215

Address

Loomis

City

CA

State

95650

Zip/Postal Code

CORPORATION, INDICATE THE Secretary:

Michael Calens

Name

USA

Country

5900 King Road Ste. 215

Address

Loomis

City

CA

State

95650

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 Justin Swierczek

**Signature of Officer, Manager, Managing
Member, General Partner, Managing Partner,
Trustee, Member, Owner of Business,
Partner or Authorized Signer** FORM WILL BE RETURNED IF

UNSIGNED

Authorized Signer

Title

09/10/2024

Date

SECRETARY OF STATE

**CERTIFICATE OF EXISTENCE
WITH STATUS IN GOOD STANDING**

I, FRANCISCO V. AGUILAR, 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 **SMS Solutions** as a DOMESTIC CORPORATION (78) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 09/10/2024, and in good standing in this State.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my office on 03/17/2025.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202503175534387

You may verify this certificate

online at <https://www.nvsilverflume.gov/home>