

FRANCISCO V. AGUILAR
Secretary of State

DEPUTY BAKKEDAHL
*Deputy Secretary for
Commercial Recordings*

STATE OF NEVADA



**OFFICE OF THE
SECRETARY OF STATE**

*Commercial Recordings Division
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Carson City, NV 89701
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2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
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Business Entity - Filing Acknowledgement

09/17/2024

Work Order Item Number: W2024091702101 - 3940189
Filing Number: 20244336041
Filing Type: Articles of Incorporation-For-Profit
Filing Date/Time: 09/17/2024 16:54:59 PM
Filing Page(s): 3

Indexed Entity Information:

Entity ID: E43360422024-5

Entity Status: Active

Entity Name: Seaboard Healthcare, Inc.

Expiration Date: None

Commercial Registered Agent
COGENCY GLOBAL INC.*

321 W. WINNIE LANE #104, Carson City, NV 89703, USA

The attached document(s) were filed with the Nevada Secretary of State, Commercial Recording Division. The filing date and time have been affixed to each document, indicating the date and time of filing. A filing number is also affixed and can be used to reference this document in the future.

Respectfully,

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

FRANCISCO V. AGUILAR
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	Business Number
<i>FVAguilar</i>	E43360422024-5
Secretary of State	Filing Number
State Of Nevada	20244336041
	Filed On
	09/17/2024 16:54:59 PM
	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)	Seaboard Healthcare, Inc.		
2. Registered Agent for Service of Process: (Check only one box)	<input checked="" 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 and address below)		
	<div>COGENCY GLOBAL INC.*</div> <div>Name of Registered Agent OR Title of Office or Position with Entity</div> <div>321 W. WINNIE LANE #104 Carson City Nevada 89703</div> <div>Street Address City Zip Code</div> <div>Mailing Address (If different from street address) City Nevada Zip Code</div>		
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> <div>X Cogency Global Inc 09/17/2024</div> <div>Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity Date</div>		
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 OR <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) Adam Willits Name 29222 Rancho Viejo Road Suite 127 San Juan Capistrano CA 92675 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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Formation - 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.

Yes

☐

7. Purpose/Profession to be practiced:

(Required for NRS 80, NRS 89 and any entity selecting Benefit Corporation. See instructions.)

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: Par value: \$

Number of common shares with Par value: Par value: \$

Number of preferred shares with Par value: Par value: \$

Number of shares with no par value:

Foreign Corporations, NRS 80 only:

☐ This is a corporation is a unlimited stock corporation

☐ 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.

Name

Country

Address

City

State

Zip/Postal Code

X Adam Willits

(attach additional page if necessary)

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
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Filed in the Office of <i>FVAguilar</i>	Business Number E43360422024-5
Secretary of State State Of Nevada	Filing Number 20244336041
	Filed On 09/17/2024 16:54:59 PM
	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" value="Seaboard Healthcare, Inc."/> 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 _____ 9/17/2024 Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity Date
8. Signature of Represented Entity: (Required)	X _____ Authorized Signature On Behalf of the Entity Date

FEE: \$60.00

This form must be accompanied by appropriate fees.