



**BARBARA K. CEGAVSKE**  
 Secretary of State  
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\*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>20170006856-35</b>
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	Entity Number <b>E0016612017-4</b>

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USE BLACK INK ONLY - DO NOT HIGHLIGHT

<b>1. Name of Corporation:</b>	RES-Q-ME ANIMAL RESCUE
<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>CHRISTOPHER JOSEPH HENSCHEL</b> Name of Noncommercial Registered Agent <b>OR</b> Name of Title of Office or Other Position with Entity 10695 DEAN MARTIN DR. UNIT 1181 LAS VEGAS Nevada 89141 Street Address City State Zip Code Mailing Address (if different from street address) City State Zip Code
<b>3. 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 four directors/trustees)	1) <b>CHRISTOPHER HENSCHEL</b> Name 10695 DEAN MARTIN DR. UNIT 1181 LAS VEGAS NV 89141 Street Address City State Zip Code 2) <b>CARLY HENSCHEL</b> Name 10695 DEAN MARTIN DR. UNIT 1181 LAS VEGAS NV 89141 Street Address City State Zip Code 3) <b>LARRY GRAHAM</b> Name 2207 TIMESCAPE CT. LAS VEGAS NV 89123 Street Address City State Zip Code 4) <b>CRYSTAL KASTAN</b> Name 6791 PHILHARMONIC AVE. LAS VEGAS NV 89139 Street Address City State Zip Code
<b>4. Purpose:</b> (required; continue on additional page if necessary)	<i>The purpose of the corporation shall be:</i> TO RESCUE ANIMALS FROM EUTHANIZATION AT HIGH KILL SHELTERS, (CONT'D)
<b>5. 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>CHRISTOPHER HENSCHEL</b> Name <b>X</b> <i>Christopher Henschel</i> Incorporator Signature 10695 DEAN MARTIN DR. UNIT 1181 LAS VEGAS NV 89141 Address City State Zip Code
<b>6. Certificate of Acceptance of Appointment of Registered Agent:</b>	I hereby accept appointment as Registered Agent for the above named Entity. <input checked="" type="checkbox"/> <i>Christopher Henschel</i> Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity 1/3/2017 Date

This form must be accompanied by appropriate fees.