

## Secretary of State

## 501(c)(3)

ARTS-PB-

Articles of Incorporation of a **Nonprofit Public Benefit Corporation** 

IMPORTANT — Read Instructions before completing this form.

Filing Fee - \$30.00

Copy Fees - First page \$1.00; each attachment page \$0.50;

Certification Fee - \$5.00

Note: A separate California Franchise Tax Board application is required to obtain tax exempt status. For more information, go to https://www.ftb.ca.gov. 4635648

Secretary of State State of California AUG 2 6 2020

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1. Corporate Name (Go to www.sos.ca.gov/business/be/name-avail	lability for general corporate	name requirements	s and restri	ctions.)	
The name of the corporation is Full Belly Brasil					
The name of the corporation is					
2. Business Addresses (Enter the complete business addresses.	Item 2a cannot be a P.O.B	ox or "in care of" an	individual	or entity.)	)
a. Initial Street Address of Corporation - Do not enter a P.O. Box	City (no abbreviations)		State	Zip Code	
14156 Saint Croix Way	Truckee		CA	96161	
b. Initial Mailing Address of Corporation, if different than item 2a	City (no abbreviations)		State	Zip Code	
3. Service of Process (Must provide either Individual OR Corporation					
INDIVIDUAL - Complete Items 3a and 3b only. Must include agent's f	full name and California stre	et address.			
a. California Agent's First Name (if agent is <b>not</b> a corporation)  Kevin	Middle Name Jon	e Last Name Dewald			Suffix
b. Street Address (if agent is <b>not</b> a corporation) - <b>Do not enter a P.O. Box</b>	City (no abbreviations)			Zip Co	de
14156 Saint Croix Way	Truckee		CA	9616	
CORPORATION - Complete Item 3c. Only include the name of the re	gistered agent Corporation				
c. California Registered Corporate Agent's Name (if agent is a corporation) - Do	not complete Item 3a or 3b				
4. Purpose Statement ltem 4a: One or both boxes must be closed ltem 4b: If "public" purposes is checked must enter the specific purposes.	d in Item 4a, or if you intend	to apply for tax-exe	mpt status	in Califor	nia, you
a. This corporation is a nonprofit public benefit corporation and is n	ot organized for the priva	ate gain of any pe	rson. It is	organiz	ed und
	purposes.	table purposes.			
b. The specific purpose of this corporation is toprovide for	ood and drinking wa	iter to commun	nities in	need	
5. Additional Statements (See Instructions and Filing Tips.)					
a. This corporation is organized and operated exclusively for the pu	urposes set forth in Artic	le 4 hereof within	the mear	ning of Ir	nternal
Revenue Code section 501(c)(3). b. No substantial part of the activities of this corporation shall consi	ist of carrying on propag	anda or otherwise	e attemnti	ing to inf	luence
legislation, and this corporation shall not participate or intervene	in any political campaig	n (including the pu	ublishing o	or distrib	ution of
statements) on behalf of any candidate for public office. c. The property of this corporation is irrevocably dedicated to the p	urnoses in Article 4 hor	act and no part of	the not in	oomo o	r accete
of this corporation shall ever inure to the benefit of any director,	officer or member thereo	of or to the benefit	of any pr	ivate pe	rson.
d. Upon the dissolution or winding up of this corporation, its assets	remaining after paymen	t, or provision for	payment.	of all de	ebts and
liabilities of this corporation shall be distributed to a nonprofit fun exclusively for charitable, educational and/or religious purpos	ia, toundation or corpora ses and which has estab	tion which is orga lished its tax-exer	inized and npt status	operate under I	ed nternal
Revenue Code section 501(c)(3).			,		

6. Read and Sign Below (This form must be signed by each incorporator. See Instructions. Do not include a title.)

John Dewald

Type or Print Name

Signature

I hereby certify that the foregoing transcript of page(s) is a full, true and correct copy of the sid original record in the custody of the california Secretary of State's office, California Secretary of State's office.