

I, Mac Warner, Secretary of State of the State of West Virginia, hereby certify that

BATTLE BUDDY RESPONSE TEAM INC.

Control Number: 9AQJL

has filed its application for "Certificate of Incorporation" in my office according to the provisions of the West Virginia Code. I hereby declare the organization to be registered as a corporation from its effective date of April 25, 2019, until a certificate of dissolution has been filed with Secretary of State.

Therefore, I hereby issue this

CERTIFICATE OF INCORPORATION



Given under my hand and the Great Seal of the State of West Virginia on this day of April 25, 2019

Mac Warner

Secretary of State

WEST VIRGINIA ARTICLES OF INCORPORATION

Form CD-1 Rev. 11/2017

FILE ONE ORIGINAL (Two if you want a filed stamped copy returned to you.)



FILED

West Virginia Secretary of State

Business & Licensing Division

Tel: (304)558-8000 Fax: (304)558-8381

Website: www.wvsos.gov

APR 2 5 2019
IN THE OFFICE OF

FILING FEE: \$100 (profit) * Effective July 7-2017 per WV Code \$59-1-SECRETARY OF STATE \$25 (non-profit) ** Fee Waived for Veteran-owned and Young Entrepreneur corporation **** The undersigned, acting as incorporator(s) according to the West Virginia Code §31D-2-202, adopt the **** following Articles of Incorporation for a West Virginia Domestic Corporation, which shall be perpetual. 1. The name of the West Virginia corporation shall be: [See Section 1. of the attached instructions pertaining to name requirements. This name is your official name and must be used in its entirety when in use unless a Trade Name (DBA) is registered with the Office of the Secretary of State, according to Chapter 47-8 of the West Virginia Code.] CHECK BOX to indicate you've included one of the REQUIRED CORPORATE NAME ENDINGS (See instructions for name endings). 2. The address of the principal office Vunmore cour of the corporation will be: Zip Code: 26419 Located in the County of (required): The mailing address of the above Street: location, if different, will be: State: Zip Code: City: 3. The physical address (not a PO Box) Street: of the principal place of business in West Virginia, if any: Zip Code: State: City: County: Located in the County of: The mailing address of the above Street: location, if different, will be: Zip Code: State: City: 4. The name and address of the person Name: (agent) to whom notice of process may be sent, if any, will be: Street: Zip Code: State: City: 5. E-mail address where business correspondence may be received: Samue Trock 1989 @icloud.com

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| 6. | Website address of the business, if any (ex: yourdomainname.com): | | | | |
|----|--|--|--|--|--|
| 7. | Do you own or operate more than one business in West Virginia? Yes * Answer a. and b. below. No Decline to answer | | | | |
| | If "Yes" a. How many businesses? b. Located in how many West Virginia counties? | | | | |
| 8. | The corporation is organized as (check one below): NON-PROFIT, NON-STOCK [If you plan to apply for 501(c)(3) status with the IRS, you will need to include specific language that is required by the IRS to be included in your Articles of Incorporation. Complete the Articles of Incorporation with Non-Profit IRS Attachment (Form CD-1NP) instead of completing this application.] FOR PROFIT | | | | |
| 9. | FOR PROFIT ONLY (capital stock must be issued for a profit corporation): The total value of all authorized capital stock of the corporation will be \$ (number of shares x \$ value per share) The capital stock will be divided into (number of shares) shares at the par value of \$ (\$ value) | | | | |
| 10 | a. The <u>purpose</u> for which this corporation is formed is as follows: [In the space below, describe the type(s) of business activity which will be conducted, for example, "agricultural production of grain and poultry," "construction of residential and commercial buildings." Purpose may conclude with words "including the transaction of any or all lawful business for which corporations may be incorporated in West Virginia."] | | | | |
| | Veteran suicide prevention. We will visit | | | | |
| | veterans home to check on them and their families. | | | | |
| | b. Will the incorporation elect to be organized for purposes as a "Benefit Corporation" per West Virginia Code §31F? ONLY applicable to "FOR PROFIT" corporations; "NON-PROFIT" corporations CANNOT elect this status. | | | | |
| | Yes [If "Yes," the corporation must be formed FOR PROFIT and the purpose(s) indicated in Section 10a. above must include a "general public benefit" as set forth in §31F-3-301(a) of the West Virginia Code. Per §31F-1-102(c), "general public benefit" means "a material positive impact on society and the environment taken as a whole, as measured by a third-party standard, from the business and operations of a benefit corporation."]. No [Proceed to 10c.] | | | | |
| | c. Is the business a Scrap Metal Dealer? | | | | |
| | Yes [If "Yes," you must complete the Scrap Metal Dealer Registration Form (Form SMD-1) and proceed to Section 11.] No [Proceed to Section 11.] | | | | |
| 1 | 1. FOR NON-PROFIT ONLY (Check the statement thatapplies to your entity.): | | | | |
| | Corporation will have NO MEMBERS. | | | | |
| | Corporation will have MEMBERS (See *NOTE below.) | | | | |
| | *NOTE: If the corporation has one or more classes of members, the designation of a class or classes is to be set forth in the articles of incorporation and the manner of election or appointment and the qualifications and rights of the members of each class is to be set forth in the articles of incorporation or bylaws. If this applies to your entity then you will need to attach a separate sheet listing the above required information, unless it will fit in the space provided below. | | | | |
| | | | | | |

Print Form

Reset Form

| The name(s) and address(es) of the innecessary.): | | | | |
|--|--|---|-------------------------------|-------------------|
| <u>Name</u> | <u>Address</u> | <u>City</u> | State | Zip Code |
| a) Samuel Rock | 55 Dunmore ct | Falling Waters | WW | 20419 |
| b) | | | | |
| . Is the organization a "veteran-owned" | | | | |
| Effective JULY 1, 2015, to meet the meet the following criteria per West V | requirements for a "veteran-owne rirginia Code §59-1-2a: | d" organization, the entity | filing the | registration mus |
| A "veteran" must be honorably dis A "veteran-owned business" mea o Is at least fifty-one percent (51% o In the case of a publicly owned become overerans. Yes (If "Yes," attach Form DD214) | ns a business that meets one of the following in the second it is a business, at least fifty-one percent (5 | ollowing criteria: nore veterans; or | | |
| | You may obtain a copy | National Personnel Reco | ords Cent | ter |
| No | of your Veterans Affairs | Military Personnel Reco | | |
| | Form DD214 by | 1 Archives Drive | | |
| | contacting: | St. Louis, MO 63138 Toll free: 1-86-NARA-NA | ADA on 1 | 966 272 6272 |
| | | Phone: 314-801-0800 | AKA UI I | -800-272-0272 |
| | | www.archives.gov/vetera | ns/militar | y-service-record |
| Per WV Code 59-1-2(j) effective July 1, organization. See attached instructions to have four (4) consecutive years of Annu. The number of acres of land it holds of the contact and Signature Information. | determine if the organization qualifies al Report fees waived AFTER the organ or expects to hold in West Virginia is | for this waiver. In addition, a nization's initial formation [see | a "veteran | -owned" entity wi |
| _ | | | | 200 / 10 |
| a. Contact person to reach in case there | is a problem with filing: | elkock rione. | 711 | 28 1618 |
| b. Print name of person who is signing a | articles of incorporation: | ruel L. Rock | _ | |
| c. Signature of Incorporator: | anuella Noll | Date: | Apri | 1 25,20 |
| Important Legal Notice Regarding Solutions Any person who signs a document he or to the secretary of state for filing is guestion to the secretary of confined in the countries. | Signature: Per West Virginia Coo she knows is false in any material r uilty of a misdemeanor and, upon o | de §31D-1-129. Penalty for espect and knows that the conviction thereof, shall be | locument | is to be delivere |
| mportant Note: This form is a public ouch as social security number, bank accounts | document. Please do NOT provide | any personal identifiable | informat license nu | ion on this form |