

Secretary of State 501(c)(3) Articles of Incorporation of a Nonprofit Public Benefit Corporation

466261

FILED

Secretary of State State of California

NOV 0 6 2020

LRD

 ${\bf IMPORTANT--} \ {\bf Read\ Instructions\ before\ completing\ this\ form.}$

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.

This Space For Office Use Only

2. Business Addresses (Enter the complete business addresses. Item 2a cannot be a P.O.Box or "in care of" an individual or entity.) a. Initial Street Address of Corporation - Do not enter a P.O. Box 3900 17th Ave Sacramento CA 95820 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 full name and California street address. a. California Agent's First Name (if agent is not a corporation) Jeffrey D. Street Address (if agent is not a corporation) - Do not enter a P.O. Box 3900 17th Ave CORPORATION - Complete Item 3c. Only include the name of the registered agent Corporation. c. California Registered Corporate Agent's Name (if agent is a corporation) - Do not complete Item 3a or 3b	e name of the corporation is Cybe	rMed Summit			···· ··· ·		
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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 full name and California street address. a. California Agent's First Name (if agent is not a corporation) Middle Name Last Name Tully b. Street Address (if agent is not a corporation) – Do not enter a P.O. Box 3900 17th Ave Corporation. Corporation.	a. Initial Street Address of Corporation - Do not enter a P.O. Box		City (no abbreviations)		State	Zip Code	
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3900 17th Ave Sacramento CA 95820 CORPORATION – Complete Item 3c. Only include the name of the registered agent Corporation.	• • • • • • • • • • • • • • • • • • • •	corporation)	Middle Name	1			Suffix
	, -	Do not enter a P.O. Box	1 ''	· ·		1 '	
	CORPORATION - Complete Item 3c. Or	ly include the name of the reg	istered agent Corporation.			·	
o. Community registered Corporate Agent is a corporation? — Bo not complete item as or ob		<u> </u>					
a. This corporation is a nonprofit public benefit corporation and is not organized for the private gain of any person. It is organized the Nonprofit Public Benefit Corporation Law for: public purposes. b. The specific purpose of this corporation is to Forums for clinical medicine and medical device security research	This corporation is a nonprofit public be the Nonprofit Public Benefit Corporatio	enefit corporation and is no	ot organized for the priva purposes.	able purposes.		_	
5. Additional Statements (See Instructions and Filing Tips.)	Additional Statements (See Instr	uctions and Filing Tips.)					
 a. This corporation is organized and operated exclusively for the purposes set forth in Article 4 hereof within the meaning of International Revenue Code section 501(c)(3). b. No substantial part of the activities of this corporation shall consist of carrying on propaganda, or otherwise attempting to influent legislation, and this corporation shall not participate or intervene in any political campaign (including the publishing or distribution statements) on behalf of any candidate for public office. c. The property of this corporation is irrevocably dedicated to the purposes in Article 4 hereof and no part of the net income or assort of this corporation shall ever inure to the benefit of any director, officer or member thereof or to the benefit of any private person d. Upon the dissolution or winding up of this corporation, its assets remaining after payment, or provision for payment, of all debts liabilities of this corporation shall be distributed to a nonprofit fund, foundation or corporation which is organized and operated exclusively for charitable, educational and/or religious purposes and which has established its tax-exempt status under Inter 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.) 	Revenue Code section 501(c)(3). No substantial part of the activities of the gislation, and this corporation shall no statements) on behalf of any candidate. The property of this corporation is irrevor this corporation shall ever inure to the Upon the dissolution or winding up of this corporation shall be disexclusively for charitable, educationa. Revenue Code section 501(c)(3).	nis corporation shall consist participate or intervene in for public office. ocably dedicated to the pure benefit of any director, or his corporation, its assets retributed to a nonprofit fund I and/or religious purpose	st of carrying on propaga in any political campaign rposes in Article 4 here fficer or member thereof remaining after payment d, foundation or corporat es and which has establi	inda, or otherwise (including the put of and no part of for to the benefit , or provision for ion which is orga shed its tax-exer	e attempti ublishing of the net in of any pr payment, nized and mpt status	ing to inflor distributions of all de dispersate	luence ution of assets son. bts and
Nicholas Farr	Nin Im	must be signed by each inco			c a mic.,		
Signature Type or Print Name	gnature (Type or Prin	Name			

1. Corporate Name (Go to www.sos.ca.gov/business/be/name-availability for general corporate name requirements and restrictions.)

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