DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

ARTICLES OF INCORPORATION NONPROFIT CORPORATION

Read the Instructions C011i

1.		ITY NAME - see <u>Instru</u> oration:	ctions C011i for nami	ng requirements –	give the exact name of the		
2.	CHARACTER OF AFFAIRS - briefly describe the character of affairs the corporation initially intends to conduct in Arizona. NOTE that the character of affairs that the corporation ultimately conducts is not limited by the description provided.						
3.	MEM	IBERS – check one:		WILL have member			
4.	ARI	ZONA KNOWN PLACE	OF BUSINESS ADD	RESS:			
	4.1	statutory agent?	place of business add Yes – go to number of No – go to number	5 and continue	he street address of the		
	4.2	If you answered " No ' Box) of the known pla			reet address (not a P.O. ona:		
		Attention (optional)					
		Address 1					
		Address 2 (optional)					
		City Country		State or Province	Zip		

corporat	ion. If more s	oace is n			of each and every D and complete and		
<u>Attachm</u>	ent form C082	<u>.</u>		ı			
Name				Name			
Address 1				Address 1			
				,			
Address 2 (optional)				Address 2 (optional)		
City		State or	Zip	City		State or	Zip
Country		Province	p	Country		Province	۲.۱۶
,		*		,			
Name				Name			
Address 1				Address 1			
Address 2 (optional)				Address 2 (optional)	1	
((() () () () () ()					····		
City		State or Province	Zip	City		State or Province	Zip
Country		320		Country			
Name				Name			
Address 1				Address 1			
, (du) (33 1				Address I			
Address 2 (optional)				Address 2 (optional)		
City		State or	Zip	City	-	State or	Zip
City		Province	Σιρ	Country		Province	ΣΙΡ
6. STATUI	ORY AGENT	- <u>see In</u>	structions C01.	<u>1 i</u>			
an <i>or</i>	EQUIRED - give individual or an e street address of the statutory age	ntity) and (not a P.O.	physical	6	of statutory agent (
Statutory Agent Nan	ne (required)						
Attention (optional)				Attention	(optional)		
Address 1				Address 1			
Address 2 (optional)				Address 2	(optional)		
City		State	Zip	City		State	Zip
	<i>EQUIRED -</i> the nese Articles of			<u>itance</u> fo	rm M002 must be su	bmitted	along with

			If more space is needed r Attachment form C084	, check this box	every	
ame			Name			
ddress 1			Address 1			
ddress 2 (optional)			Address 2 (optional)			
ity	State	Zip	City	State	Zip	
puntry			Country			
SIGNATURE - see Instructions C011i: By checking the box marked "I accept" below, I acknowledge under penalty of law that this document together with any attachments is submitted in compliance with Arizona law. I ACCEPT			SIGNATURE - see Instructions C011i: By checking the box marked "I accept" below, I acknowledge under penalty of law that this document together with any attachments is submitted in compliance with Arizona law. I ACCEPT			
Signature			Signature			
Printed Name		Date	Printed Name		Date	

Expedited or Same Day/Next Day services are available for an additional fee – see Instructions or Cover sheet for prices.

Mail: Arizona Corporation Commission - Examination Section 1300 W. Washington St., Phoenix, Arizona 85007

All fees are nonrefundable - see Instructions.

Filing Fee: \$40.00 (regular processing)

All fees are nonrefundable - see Instructions.

Fax (for Regular or Expedite Service ONLY): 602-542-4100

Fax (for Same Day/Next Day Service ONLY): 602-542-0900

Please be advised that A.C.C. forms reflect only the **minimum** provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business. All documents filed with the Arizona Corporation Commission are **public record** and are open for public inspection. If you have questions after reading the Instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.