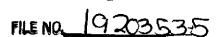
APR 2 1 2014



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

## ARTICLES OF INCORPORATION NONPROFIT CORPORATION

Read the Instructions CO11i

<u>SIE</u>	ERRA MOUNTAIN RAN	CH PROPERTY OWNERS ASSOCIATION
to o		<ul> <li>briefly describe the character of affairs the corporation initially integers.</li> <li>E that the character of affairs that the corporation ultimately conductor provided.</li> </ul>
FU	NCTION AND OPERAT	E AS A NON-PROFIT PROPERTY OWNERS' ASSOCIATION
ME	MBERS – check one:	■ The corporation WILL have members.
		☐ The corporation WILL NOT have members.
	IZONA KNOWN PLACE	OF BUSINESS ADDRESS:
4.1	statutory agent?	place of business address the same as the <b>street address</b> of the  Yes – go to number 5 and continue  No – go to number 4.2 and continue
	statutory agent?  If you answered "No	Yes – go to number 5 and continue
4.1	statutory agent?  If you answered "No	Yes – go to number 5 and continue  No – go to number 4.2 and continue  To number 4.1, give the <b>physical or street address</b> (not a P.O.
4.1	statutory agent?  If you answered "No Box) of the known place.	Yes – go to number 5 and continue  No – go to number 4.2 and continue  To number 4.1, give the <b>physical or street address</b> (not a P.O.
4.1	statutory agent?  If you answered "No Box) of the known plant.  Attention (optional)	Yes – go to number 5 and continue  No – go to number 4.2 and continue  To number 4.1, give the <b>physical or street address</b> (not a P.O.

				• • • • • • • • • • • • • • • • • • • •		······································			
соп	RECTORS - list the more spacement form C082.	ame and ace is need	<b>business</b> ded, check	address this box	of each and every and complete ar	Director of ad attach th	the e <u>Director</u>		
RICHAI	RD D. SCHUST		-	RICHA	ARD PEAGLER				
Name				Name	· · · · · · · · · · · · · · · · · · ·	× =-			
5555 E.	VAN BUREN ST., S	UITE 210		5555 E	. VAN BUREN ST.	SUITE 210	)		
Address 1				Address 1		·			
Address 2 (o)	•	AZ	T	Address 2	(optional)	1.77			
PHOEN	IX	AZ	85008	PHOE	XIV	ΑZ	85008		
City Country	UNITED STATES	State or Province	Zip	City	UNITED STATES	State or Province	Zip		
ROSS W	/ILSON					···			
Name				Name					
5555 E.	VAN BUREN ST., S	UITE 210							
Address 1				Address 1					
Address 2 (or	otional)		Ţ	Address 2	(optional)	1			
PHOEN	IX	AZ	85008						
City	UNITED STATES	State or Province	Zip	City		State or Province	Zip		
Country	OTTI DD DTX LD			Country	<u> </u>	1109/1100			
Name				Name					
Address 1				Address 1			, <u> </u>		
Address 2 (optional)				Address 2 (	optional)		T		
City		State or	Zip	City					
		Province	τιh	Province					
Country	· · · · · · · · · · · · · · · · · · ·			Country	<u> </u>				

6. STAT	TUTORY AGENT	- see	Instructions C01	<u>1i</u>		
6.1	REQUIRED – giv an individual or an or street address of the statutory age	entity) a (not a F	ame (can be and <i>physical</i> <sup>2</sup> .O. Box) in Arizona	<b>6.2</b> OPTIONAL of statutory	L – mailing addr agent (can be a	ess in Arizona P.O. Box):
	D. SCHUST t Name (required)			_		
Attention (option 5555 E. V.	AN BUREN ST.,	SUITI	= <u>-</u> = 210	Attention (optional)		
Address 1				Address 1		
Address 2 (optional) AZ 85008		Address 2 (optional)				
City PHOENIX State Zip		City	State	Zip		
6.3	REQUIRED - the	≥ <i>Statu</i> f Incor	itory Agent Accep poration.	tance form M002 must	be submitted	d along with

8.	INCORPORATO incorporator - mi	RS - list the	name and add	ress, ai	nd the <b>signatu</b> space is needed	ı <b>re,</b> of ea	ch and	every
RICH	IARD D. SCHUST			İ				
Name	E. VAN BUREN S	T CHITE?	10	Name				· · · · · · · · · · · · · · · · · · ·
Addres		1., SUITE 2	.10	Addres	S 1			
	s 2 (optional) ENIX	AZ	85008	Addres	s 2 (optional)			
City	UNITED STATES	State	Zip	City			State	Žip
Countr	<u> </u>	<u></u>		Countr	<u> </u> y			
SIGN	IATURE – <u>see Instruct</u>	ions C011i:		SIGN	ATURE – see Inst	ructions Co	011i:	
ackn docu	hecking the box man nowledge under pena nment together with nitted in compliance	olty of perjury any attachme	that this ents is	ackn docu	hecking the box lowledge <i>under p</i> liment together w nitted in complia	enalty of with any a	<i>perjury</i> t ttachmer	that this nts is
	<b>7</b>	I ACCEPT			•	□ I ACC	EPT	
D.	20 pl		6					
RICI	HARD D. SCHUST	Γ	4-16-14	Signa	ture			
	ed Name GNING FOR AN ENTITY,	CHECK ONE. ET	Date		d Name GNING FOR AN ENT	TTY CHECK	ONE ET	Date
	Corporation as Incofficer or authorized name is:	orporator - I a	am signing as an		Corporation as officer or authori name is:	Incorpora	<b>tor -</b> I ar	n signing as an
	LLC as Incorporato manager, or authoriz company, and its n	ed agent of a li			LLC as Incorpor manager, or auth		ent of a lin	

7. REQUIRED - you must complete and submit with the Articles a Certificate of

<u>Disclosure</u>.

Filing Fee: \$40.00 (regular processing)
Expedited processing – add \$35.00 to filing fee.
All fees are nonrefundable - see Instructions.

Mail: Arizona Corporation Commission

Corporate Filings Section

1300 W. Washington St., Phoenix, Arizona 85007

Fax: 602-542-4100

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.

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## **CERTIFICATE OF DISCLOSURE**

Read the Instructions C003i

1.	ENTIT	Y NAME – give the exact name of the corporation in Arizona:		
	SIERR	A MOUNTAIN RANCH PROPERTY OWNERS ASSOCIATION		
				·
_				
2.	A.C.C. Find the A	FILE NUMBER (if already incorporated or registered in AZ):  C.C. file number on the upper corner of filed documents OR on our website at: http://www.azco		proprations
_				
3.		only one of the following to indicate the type of Certificate:		
		Initial (accompanies formation or registration documents)		
		,		
		Supplemental to COD filed (supplements a previous	usly-filed	
		Certificate of Disclosure)		
4.	FELON	//JUDGMENT QUESTIONS :		
	Has an	y person (a) who is currently an officer, director, trustee, or incorp	orator, or (b	) who
		s or holds over ten per cent of the issued and outstanding common		
	cent of	any other proprietary, beneficial or membership interest in the cor	poration bee	en:
	4.1	Convicted of a felony involving a transaction in securities, consumer fraud or antitrust in any state or federal jurisdiction		
		within the seven year period immediately preceding the signing	☐ Yes	■ No
		of this certificate?		
	4.2	Convicted of a felony, the essential elements of which consisted		
		of fraud, misrepresentation, theft by false pretenses or restraint		
		of trade or monopoly in any state or federal jurisdiction within	☐ Yes	■ No
		the seven-year period immediately preceding the signing of this certificate?		
	4.3	Subject to an injunction, judgment, decree or permanent order		
		of any state or federal court entered within the seven-year		
-		period immediately preceding the signing of this certificate,		
		involving any of the following:		
		<ul> <li>The violation of fraud or registration provisions of the</li> </ul>	☐Yes	■ No
		securities laws of that jurisdiction;		٠٠٠ ب
		<ul> <li>The violation of the consumer fraud laws of that jurisdiction;</li> </ul>		
		c. The violation of the antitrust or restraint of trade laws of		
		that jurisdiction?		
	4.4	If any of the answers to numbers 4.1, 4.2, or 4.3 are YES, you ML	IST complet	e
		and attach a	form C004.	

5. BANK	RUPTCY QUEST	ON:			<u></u>			
5.1 Has any person (a) who is currently ar incorporator, or (b) who controls or he the issued and outstanding common sl any other proprietary, beneficial or me corporation, served in any such capacicent interest in any other corporation Certificate) on the bankruptcy or receiver corporation?					olds over twenty per cent of hares or twenty per cent of embership interest in the ity or held a twenty per (not the one filing this			■ No
5.2	If the answer to	number 5.		ou <b>MUST</b> m C005.	comple	te and attac	h a Certifica	te of
outstanding corporation by a duly el	ecomes an officer, did shares or ten per cer must submit a SUPPL ected and authorized E REQUIREMENTS:	rector, trustee nt of any other EMENTAL Cert officer.	or person cor proprietary, l ificate providi	itrolling or peneficial o ng informa	holding ov r memben tion about	ship interest in that person, si	of the issued a the corporation gned by all inco	nd , the orporators or
Initial Certif	icate of Disclosure:	complete	e and attach a	n		oorators. If mo form C0	84.	
Foreign corp	orations:		tificate may be d of Directors		a duly au	thorized officer	or by the Chair	man of
Credit Unior	s and Loan Companie	s: This Cert	tificate must b	e signed b	any 2 of	ficers or directo	rs.	
ICHARD :	D. SCHUST							
ame		WTT 010		Name			······································	
ddress 1	N BUREN ST., SU	JITE 210		Address	1		·	
ddress 2		1	i .	Address	2		<u> </u>	<u> </u>
HOENIX		AZ State	85008 Zip				State	Zip
ountry UNI	TED STATES		<i></i>	City Country				<u></u>
IGNATURE	<ul> <li>see Instructions C0</li> </ul>	03i:		SIGN	ATURE - :	see Instructions	: C003i:	
iccept" below hrough my p <i>inder penalt</i> y	entering my name and , I intend to affix my hysical signature apport of perjury that this do s submitted in compli	electronic sign earing below) I locument toget ance with Ariza	ature and (or I acknowledge ther with any	accept throug under	" below, I h my phy penalty of ments is s	ering my name intend to affix sical signature af perjury that the submitted in cor	my electronic s appearing below is document to	ignature and ( v) I acknowled gether with an
RICHARD	D. SCHUST	4	-16-14					
Printed Name LEQUIRED -	check only one:		Dete	Printed Name Date  REQUIRED - check only one:				
Incorporator - I am an incorporator of the corporation submitting this Certificate.  Officer - I am an officer of the corporation submitting this Certificate  Chairman of the Board of Directors - I am the Chairman of the Board of Directors of the corporation submitting this Certificate.  Director - I am a Director of the credit union or loan company submitting this Certificate.				Incorporation of the corporation	rator - I am an on submitting to I am an officer in this Certificate in of the Board of the Board of the Board of this Certificate I am a Direct submitting this	incorporator of his Certificate. of the corporate in the corporate of Directors of Directors of the ter of the credit	ition - I am the ne corporation	
Filing Fee:	None nonrefundable - see	Instructions		130		oration Commis		

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## STATUTORY AGENT ACCEPTANCE

Please read Instructions M002i

1.	ENTITY NAME – give the exact name in Arizona of the corporation or LLC that has appointed the Statutory Agent (this must match exactly the name as listed on the document appointing the statutory agent, e.g., Articles of Organization or Article of Incorporation):  SIERRA MOUNTAIN RANCH PROPERTY OWNERS ASSOCIATION						
2.	A.C.C. FILE NUMBER (if entity is already incorporated or registered in AZ): N/A  Find the A.C.C. file number on the upper corner of filed documents OR on our website at: <a href="http://www.azcc.gov/Divisions/Corporations">http://www.azcc.gov/Divisions/Corporations</a>						
3.	<b>STATUTORY AGENT NAME</b> – give the exact name of the Statutory Agent appointed by the entity listed in number 1 above (this will be <i>either</i> an individual or an entity). <i>NOTE</i> - the name must match <b>exactly</b> the statutory agent name as listed in the document that appoints the statutory agent (e.g. Articles of Incorporation or Articles of Organization), including any middle initial or suffix:						
	RICHARD D. SCHUST						
STA	ATUTORY AGENT SIGNATURE:						
	By the signature appearing below, the individual or entity named in number 3 above accepts the appointment as statutory agent for the entity named in number 1 above, and acknowledges that the appointment is effective until the appointing entity replaces the statutory agent or the statutory agent resigns, whichever occurs first.						
	The person signing below declares and certifies under penalty of perjury that the information contained within this document together with any attachments is true and correct, and is submitted in compliance with Arizona law.						
Ţ	RICHARD D. SCHUST  1/ 16-14/  Partited Name  Date						
RE(	Date  Date  Date  Date  Date						
	Individual as statutory agent: I am signing on signing on behalf of myself as the individual behalf of the entity named as statutory agent, and I am authorized to act for that entity.						
Exp sub All 1	ng Fee: none (regular processing) edited processing – (available only if this form is mitted by itself) add \$35.00 to filing fee. iees are nonrefundable – see Instructions.  Mail: Arizona Corporation Commission – Corporate Filings Section 1300 W. Washington St., Phoenix, Arizona 85007 Fax: 602-542-4100						
medSe	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						

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