

## **AZ CORPORATION COMMISSION**

TILLU

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

	SEP 2	ART 5 2014	TICLES OF INCORPORATION NONPROFIT CORPORATION	
			Read the Instructions C011i	
FILE N	10.10	4547396	<del></del>	AZ CORPORATION COMMISSIO FILED
1.	ENTITY	Y NAME - see Instruct	<u>ions C011i f</u> or naming requirements – give	the exact name of the
		ration: <u>Epsilon Rho Chapter Alu</u>		OCT 1 6 2014
				FILE NO 1954739-6
2.	to con	ACTER OF AFFAIRS - iduct in Arizona. NOTE mited by the description	briefly describe the character of affairs the that the character of affairs that the corporovided.	e corporation initially intends oration ultimately conducts is
	charita	ffairs this corporation in able events with and for ern Arizona University in	titially intends to conduct in Arizona is to the current undergraduate students belong Flagstaff Arizona.	provide scholarships and create ging to the chapter of TKE at
	scienti as exe	ific purposes, including,	mni, Inc. is organized exclusively for charit for such purposes, the making of distribution bed under section 501(c)(3) of the Internal Excode.	ons to organizations that qualify
	the me federa public in the or to s	eaning of section 501(c) I tax code, or shall be di purpose. Any such asse	rporation, assets shall be distributed for one of (3) of the Internal Revenue Code, or correstributed to the federal government, or to a sets not disposed of shall be disposed of by a cipal office of the organization is then locate anizations, as said Court shall determine, w	esponding section of any future state or local government for a court of competent jurisdiction d, exclusively for such purposes
3.	MEMI	BERS – check one:	The corporation WILL have members.	
	:	•	The corporation WILL NOT have mem	pers.
4.	: Ariz	ONA KNOWN PLACE (	F BUSINESS ADDRESS:	
	4.1	Is the Arizona known p statutory agent?	lace of business address the same as the s	street address of the
			res – go to number 5 and continue	
			No - go to number 4.2 and continue	
	4.2	If you answered " <b>No</b> " Box) of the known pla	to number 4.1, give the physical or street ce of business of the corporation in Arizona	et address (not a P.O. a:

Attention (optional)			
Address 1			
Address 2 (optional)			
City	State or Province	Zip	
Country		December of the second	

cor	5. DIRECTORS - list the name and business address of each and every Director of the corporation. If more space is needed, check this box and complete and attach the <u>Director Attachment form C082</u> .								
William	Hagen III								
Name	University Ave #205		The second secon	Name					
Address 1				Address 1					
Address 2 (o Flagstaf	• •	AZ	86001	Address 2	(optional)				
City	UNITED STATES	State or Province	Zip	City	UNITED STATES	State or Province	Zip		
			<u></u>						
Name				Name					
Address 1				Address I		- 4 - 40			
Addness 2 (o	ptional)			Address 1	(optional)				
City	UNITED STATES	State or Province	Zip	City	UNITED STATES	State or Province	ZIĐ		
Name			and the state of t	Name					
Address 1		-,(		Address 1					
Address 2 (0	ptional)			Address 2	(optional)				
City Country	UNITED STATES	State or Province	Zip	City Country	UNITED STATES	State or Province	Złp		
· · · · · · · · · · · · · · · · · · ·		-	-						

6. STAT	6. STATUTORY AGENT - see Instructions C011i									
6.1	REQUIRED - giv an individual or an or street address of the statutory age	entity) a (not a P	ind <i>physical</i>	6.2	OPTIONAL - mail of statutory agent (o					
William H Statutory Agen	agen III Name (required)									
	Attention (optional)				onal)	· · · · · · · · · · · · · · · · · · ·				
1016 W U	niversity Ave #20	05	And the second s	Address 1						
Address 2 (opti City Flagst		AZ State	86001 zip	Address 2 (opti City	onal)	State	Zip			

<i>Disclosi</i> The Artic	<i>ure.</i> cles will be rej	ected if	the Certificate	of Disclos	Articles a <b>Certifica</b> ure is not simultane d the <b>signature,</b> of	ously sub	
incorpor	ator - minimu	ım of on	e is required. In Incorporator	f more sp	ace is needed, ched	k this box	· · · · ·
William Hagen	rtr .			Tamm	y laird		
Name				Name		0.5	A A A A A A A A A A A A A A A A A A A
016 W Univers	sity Ave #205			_ <u>1016 \</u> Address	W University Ave #2	<u>U5</u>	
					2 (optional)		
Address 2 (optional) Flagstaff		ΑZ	86001	Flagst	· ·	AZ	86001
City	DSTATES	State	ZIp	City	UNITED STATES	State	Zíp
Country				Country	ayan bayay in dagay qaqadada ya i <del>magan</del> isin aan aan agan ar		
SIGNATURE - <u>se</u>				1	ATURE - <u>see Instruction</u>		
By checking the				By ch	ecking th <mark>e box marke</mark> owledge <i>under penalt</i> )	d "I accept	" below, I
acknowledge un document toget	n <i>der penalty of</i> ther with anv a	' <i>perjury'</i> ttachmei	tnat tnis nts is		ment together with an		
submitted in co	mpliance with	Arizona I	aw.		itted in compliance w		
	∏ I ACC	FPT				ACGEPT	
ALK MILA	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				MANNE		
				Signal	10000		
William Hager	n III		09/08/2014	Tamı	ny Laird		09/08/2014
Printed Name IF SIGNING FOR	AN ENTITY, CHEC	K ONE, FI	Date LL IN BLANK:		d Name SNING FOR AN ENTITY, C	HECK ONE, FI	Date ILL IN BLANK:
Corporat	ion as Incorpor authorized agent	rator - I a	m signing as an		Corporation as Incorporation of authorized agains is:	porator - 1 a ent of a corp	am signing as an poration and its
manager,	rcorporator - I or authorized ag , and its name i	jent of a <b>i</b>	g as a member, imited Hability		LLC as Incorporator manager, or authorized company, and its name	d agent of a	ng as a member, limited liability
•		-		_ E.			
Filing Fee: \$40.0	00 (regular proce	essing)		Mall:	Arizona Corporation Co Corporate Filings Secti		
Expedited proces All fees are nonre	sing - add \$35.0	<b>)O</b> to filing	) fee. IS.	Fax:	1300 W. Washington S 602-542-4100		Arizona 85007

REQUIRED - the <u>Statutory Agent Acceptance</u> form M002 must be submitted along with these Articles of Incorporation.

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.

6.3

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

## STATUTORY AGENT ACCEPTANCE

Please read Instructions M002i

		-	<del></del>						
<b>1.</b>	Statutory Agent (this must match exactly the statutory agent, e.g., Articles of Organization Title Besilon Pho Chapter Alumni Inc.	ie na	ime as listed on the documer	that has appointed the nt appointing the					
	TKE Epsilon Rho Chapter Alumni, Inc.			Reprinted to the second					
2.	A.C.C. FILE NUMBER (if entity is already Incorporated or registered in AZ):  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 examination entity listed in number 1 above (this will be must match <b>exactly</b> the statutory agent natistatutory agent (e.g. Articles of Incorporation initial or suffix:	<i>eithe</i> me a	er an individual or an entity) as listed in the document tha	i. NOTE - the name it appoints the					
	William Hagen III			•					
	By the signature appearing below, the individuance accepts the appointment as statutory agent facknowledges that the appointment is effecting agent or the statutory agent resigns, whicher	for thive unverse	he entity named in number 1 Intil the appointing entity rep occurs first.	Labove, and places the statutory					
	The person signing below declares and certificontained within this document together with submitted in compliance with Arizona law.	ies u n an	inder penalty or perjury that y attachments is true and co	rrect, and is					
1	N AFFE	/illia	m Hagen III	09/08/2014					
18 P	natura Pri	inted Na	ıme	Date					
RE	QUIRED - check only one:								
	Individual as statutory agent: I am	<del></del>	┌┐ Entity as statutory ag	ent: I am signing on					
	signing on behalf of myself as the individua	al	behalf of the entity name	ed as statutory agent,					
<u></u>			and I am authorized to a	act for that entity.					
-									
FI	ling Fee: none (regular processing)	Mail:	: Arizona Corporation Commission	n - Corporate Filings Section					
	spedited processing - (available only if this form is shmitted by itself) add \$35.00 to filing fee.	Fax:	1300 W. Washington St., Phoen	ilx, Arizona 85007					

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All fees are nonrefundable - see Instructions.

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## **CERTIFICATE OF DISCLOSURE**

Read the Instructions C003i

1.	1. ENTITY NAME - give the exact name of the corporation in Arizona:								
	TKE E	psilon Rho Chapter Alumni, Inc.							
	Find the A.	FILE NUMBER (if already incorporated or registered in AZ):  C.C. file number on the upper comer of filed documents OR on our website at: <a href="http://www.azcc.">http://www.azcc.</a> only one of the following to indicate the type of Certificate:	gov/Divisions/Col	porations					
ha∌ it	E E								
		Annual (credit unions and loan companies only)							
	띡	Supplemental to COD filed (supplements a previous	usly-filed						
		Certificate of Disclosure)	•						
4.		/JUDGMENT QUESTIONS :	***						
	control	y person (a) who is currently an officer, director, trustee, or incorposes or holds over ten per cent of the issued and outstanding common any other proprietary, beneficial or membership interest in the cor	shares or te	n per					
	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 of this certificate?	☐ Yes	■ No					
	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 the seven-year period immediately preceding the signing of this certificate?	☐ Yes	■ No					
	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>a. The violation of fraud or registration provisions of the securities laws of that jurisdiction;</li> <li>b. The violation of the consumer fraud laws of that jurisdiction;</li> <li>c. The violation of the antitrust or restraint of trade laws of that jurisdiction?</li> </ul>	☐ Yes	■ No					
	4.4	If any of the answers to numbers 4.1, 4.2, or 4.3 are YES, you MI and attach a	JST complet form C004	e					

	MIZALIOTOV OLIECT	7.4	a.	· · · · · · · · · · · · · · · · · · ·					****	
	NKRUPTCY QUEST	_								
5.1 Has any person (a) who is currently an officer, director, trustee, incorporator, or (b) who controls or holds over twenty per cent of the issued and outstanding common shares or twenty per cent of any other proprietary, beneficial or membership interest in the corporation, served in any such capacity or held a twenty per cent interest in any other corporation (not the one filing this Certificate) on the bankruptcy or receivership of the other corporation?								er cent of r cent of in the / per ng this	☐ Yes	■ No
5	.2 If the answer to	nui	mber 5.1		you № rm C		complete	and attach	a Certifica	ite of
Certific outstar corpora	RTANT: If within 60 tate becomes an officer, dated and shares or ten per cention must submit a SUPP ally elected and authorized	irecto int of LEME	or, trustee any other NTAL Cert	or person co	ntrolli benef	ng or t Icial or	iolding over membershi	p interest in ti	of the issued a ne corporation	and n, the
	TURE REQUIREMENTS:							7.		
Initial (	Certificate of Disclosure:			ificate must and attach		ned by	all incorpor	ators. If more form C084		sued,
Foreign	corporations:		This Cert		e sigr	ed by	a duly autho	orized officer o		rman of
Credit	Unions and Loan Compani	es:	This Cert	ificate must	be sig	ned by	any 2 office	rs or directors	š.	
Villiam Name	Hagen III					amnı	y Laird	, , , , , , , , , , , , , , , , , , ,		
	University Ave #205	<u></u>	· · · · · · · · · · · · · · · · · · ·		1			ty Ave #20:	5	
ddress 2 lagstai	ff	AZ		86001		Address lagsta			AZ State	86001
lity	UNITED STATES	State	!	Złp		City Country	UNITED	STATES	State .	Zip
ountry	URE - see Instructions C	0031					TURE - see	Instructions	C003i:	
eccept" I chrough under per attachment williar Printed N	g or entering my name ar below, I intend to affix my my physical signature appendity of perjury that this ents is submitted in comp  I A  Hagen III  THE CHECK ONLY ONE:  Incorporator - I am an intended to affix my name are intended.	electropearing documents of the control of the cont	tronic sign ng below) ment toge e with Ariz T	lature and (of acknowledge their with any ona law.  09/08/2014	or ge v	accept throug under attach	below, I in h my physic penalty of poments is sub	tend to affix n al signature a erjury that thi mitted in com	ny electronic opearing belo s document to pllance with a ACCEPT	09/08/2014 Date
	orporation submitting this orporation submitting this Certificate Chairman of the Board of Chairman of the Board of I submitting this Certificate. Director - I am a Director company submitting this Certificate.	Cert f the of Dir Direct	dificate. corporation rectors - I tors of the the credit u	on am the corporation	· · · · · · · · · · · · · · · · · · ·		corporation Officer - I submitting Chairman Chairman o submitting Director -	submitting the am an officer this Certificate of the Board of the Board of this Certificate.	ils Certificate. of the corpore of Directors Directors of or of the cred	ration
All fe	j Fee: None es are nonrefundable - se				Mail: Fax:	130 60	00 W. Washl 2-542-4100	ngton St., Pho	enix, Arizona	
Please b	e advised that A.C.C. forms reflect	t only t	he minimum	provisions requi	red by s	tatute. Y	ou should seek	private legal couns	er for those matte	ers that may pertain

to the Individual needs of your business.

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