AZ CORPORATION COMMISSION FILED

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AZ Corp. Commission
04978163

APR 1 4 2015

APR 2 9 2015

FILE NO - 2001812-2

FLENO - 2001817-2

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY. ARTICLES OF INCORPORATION NONPROFIT CORPORATION

Read the Instructions CO11i

	corporation: Black Mountain Foothills C	Chapter, NSDAR, I	nc.						
2.	CHARACTER OF AFFAIRS - briefly describe the character of affairs the corporation initially intend to conduct in Arizona. NOTE that the character of affairs that the corporation ultimately conducts not limited by the description provided.								
	Objectives are historic preservation, education and patriotism								
3.	MEMBERS - check one:	**************************************	ration WILL have membe ration WILL NOT have me						
4.	ARIZONA KNOWN PLAC 4.1 Is the Arizona know			he street address of the					
	_		mber 5 and continue mber 4.2 and continue						
	4.2 If you answered "N Box) of the known	o" to number 4.1 place of business	, give the physical or si of the corporation in Ariz	treet address (not a P.O. zona:					
	Marianne Hardy Attention (optional) Desert Foothills Li Address 1 38443 N Schoolhor								
	Address 2 (optional)		AZ						

corp	RECTORS - list the nooration. If more spectrument form C082.						
Mariann	e Hardy			Sarah 2	Ziker		".
Name			.	Name			
	I. 2nd Place			6017 E	Almeda Court		
Address 1				Address 1			
Address 2 (o	otional)	4-7		Address 2	(optional)	1.7	
Phoenix		AZ	85086	Cave C	reek	AZ	85331
City Country	UNITED STATES	State or Province	Zip	City Country	UNITED STATES	State or Province	Zip
Name		······································		Mame	* ***		
Address 1	anniche de alti Bi Birth de Shidathi Alifa (1984) an Alifa (1984) an Alifa (1984) an Alifa (1984) an Alifa (19			Address 1			
Address 2 (o)	pitonal)			Address 2	(optional)		
City		State or Province	Zip	City		State or Province	Zip
Country		PTOVIDUE		Country	<u> </u>	Province	
Hame		- XI - 41 - 41 - 41 - 41 - 41 - 41 - 41 - 4		Name			
Address 1				Address 1		, ,	
Address 2 (o)	ptional)			Address 2	(optional)		
City		State or Province	Zlp	City		State or Province	Zip
Country				Country	<u> </u>		
6. ST/	ATUTORY AGENT -	see Instru	uctions C01	1i			
6.1	REQUIRED - give t an individual or an en- or street address (n of the statutory agent	tity) and <i>ph</i>y ot a P.O. Box	ysical	•	6.2 OPTIONAL – ma of statutory agent		

Attention (optional)

Address 2 (optional)

Address 1

City

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

Marianne Hardy
Statutory Agent Name (required)

39120 N. 2nd Place

ΑZ

State

85086

Attention (optional)

Address 2 (optional)

City Phoenix

State

7.	REQUIRED - you Disclosure. The Articles will b	•					omitted.
8.	INCORPORATOF incorporator - mir and complete a	nimum of on	name and add le is required. I he <u>Incorporator</u>	f more s	pace is needed,	check this bo	every x
Maria	nne Hardy			Sarah	Ziker		
Mame				Name			<u>"</u>
39120	N. 2nd Place			6017	E. Almeda Court	<u> </u>	
Medicas	•			, , , , , , , , , , , , , , , , , , ,			
	2 (optional)	AZ	1	· I	2 (optional)	AZ	05331
Phoen	ix		85086 Ze	Cave	Creek	State	85331
City	UNITED STATES	State	2.Ep	City	UNITED STAT		240
Country				Country	, <u>'</u>		
SIGN	ATURE - see Instruction	ons COIIi:		SIGN	ATURE - <u>see Instr</u>	uctions CO11i:	
	ecking the box marl				necking the box m		
	owledge <i>under penal</i> ment together with a			ackn	owledge <i>under pe</i> ment together wil	<i>enaity of perjury</i> to any attachm <i>i</i>	rtnat this ents is
	nitted in compliance				nitted in complian		
	·	I ACCEPT				[/] I ACCEPT	
		- 1			(01)	E I MOOCH	
1	MONONIE !	Med Set	<u>-</u>	1	mah BH		
Signat	AV1 M	wing.		Signa			0.45.004.5
	anne Hardy		04/10/2015 Date		h Ziker		04/10/2015 Date
	NING FOR AN ENTITY,	CHECK ONE, FI			ning for an enti	TY, CHECK ONE, F	
	Corporation as Inco officer or authorized a name is:	erporator - I a Igent of a corp	m signing as an oration and its		Corporation as I officer or authorize name is:		
LLC as Incorporator - I am signing as a member, manager, or authorized agent of a limited liability company, and its name is:				LLC as Incorporator - I am signing as a member, manager, or authorized agent of a limited liability company, and its name is:			
					and the second 		And the second s

Arizona Corporation Commission Mail: Filing Fee: \$40.00 (regular processing) Corporate Filings Section Expedited processing - add \$35.00 to filing fee. All fees are nonrefundable - see Instructions. 602-542-4100 Fax:

1300 W. Washington St., Phoenix, Arizona 85007

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.

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STATUTORY AGENT ACCEPTANCE

nace road Instructions MOO2i

	Please	e read .	Instructions <u>MUQZI</u>		
1.	ENTITY NAME – give the exact name in Statutory Agent (this must match exactly statutory agent, e.g., Articles of Organizat Black Mountain Foothills Chapter, NSDAR	the naction or .	me as listed on the	document appointing	ointed the 1 the
2.	STATUTORY AGENT NAME — give the entity listed in number 1 above (this will be must match exactly the statutory agent restatutory agent (e.g. Articles of Incorpora initial or suffix:	oe <i>eithe</i> name a	er an individual or a s listed in the docur	n entity). <i>NOTE</i> - the nent that appoints t i	name ne
	Marianne Hardy				
3.	STATUTORY AGENT SIGNATURE: By the signature appearing below, the ind accepts the appointment as statutory age acknowledges that the appointment is effective.	nt for t ective u	he entity named in intil the appointing	number 1 above, and	j tatutory
	agent or the statutory agent resigns, which the person signing below declares and ce contained within this document together a submitted in compliance with Arizona law.	rtifies (with an	under penalty of per	<i>jury</i> that the informate and correct, and is	ation 5
n	ranarre Huly	Marian	ne Hardy		04/10/2015
w-197	QUIRED - check only one:	Printed Nar	118		Date
	Individual as statutory agent: I am signing on behalf of myself as the individu (natural person) named as statutory ager		behalf of the en	tory agent: I am si tity named as statute ized to act for that e	ry agent,
Ex	ng Fee: none (regular processing) pedited processing - not applicable, fees are nonrefundable - see Instructions.	Mait: Fax:		Commission - Corporate F St., Phoenix, Arizona 850	

Tease 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 flied 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:		
	Black l	Mountain Foothills Chapter, NSDAR, Inc.		
2.	A.C.C. I	FILE NUMBER (If already incorporated or registered in AZ);	.gov/Divisions/Co	rporations
3.	Check	only one of the following to indicate the type of Certificate:		
		Initial (accompanies formation or registration documents)		
		Annual (credit unions and loan companies only)		
		Supplemental to COD filed (supplements a previo	usly-filed	
		Certificate of Disclosure)		
4	FELONY	//UDCMENT ONECTIONS .		
	Has an	/JUDGMENT QUESTIONS: y person (a) who is currently an officer, director, trustee, or incorporate or incorporate of the incorporate of th	shares or te	en 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:		
		 a. The violation of fraud or registration provisions of the securities laws of that jurisdiction; b. The violation of the consumer fraud laws of that jurisdiction; c. The violation of the antitrust or restraint of trade laws of that jurisdiction? 	☐ Yes	■ No
	4.4	If any of the answers to numbers 4.1, 4.2, or 4.3 are YES, you MU and attach a Certificate of Disclosure Felony/Judgment Attachment for		e

5. BANKRUPTCY QUEST	TÓN:					
5.1 Has any persor incorporator, or the issued and any other proprior corporation, secont interest in	(a) who is confident (b) who confident (c) who c	ntrols or he common s ficial or me such capac corporation	officer, director, trustee, olds over twenty per cent of hares or twenty per cent of embership interest in the lity or held a twenty per on (not the one filing this ivership of the other	[☐ Yes	■ No	
5.2 If the answer to Disclosure Bankro			ou MUST complete and attack 2005.	h a Certifica	te of	
Certificate becomes an officer, doutstanding shares or ten per ce corporation must submit a SUPP by a duly elected and authorized SIGNATURE REQUIREMENTS:	irector, trustee ont of any other p LEMENTAL Certif officer.	or person con proprietary, t ficate providi	Certificate to the A.C.C. any person of trolling or holding over ten per cent peneficial or membership interest in any information about that person, significant in the control of the certification in the certification about that person, significant in the certification is the certification of the certification in the certification is the certification of the certification in the certification is the certification of the certification in the certification is the certification of the certification in the certification is the certification of the certification in the certification is the certification of the certification in the certification is the certification of the certification in the certification is the certification of the certification in the certification is the certification of the certification in the certification is the certification of the certification in the certification is the certification of the certification in the certification is the certification of the certification in the certification is the certification of the certification in the certification is the certification of the certification in the certification is the certification of the certification in the certification is the certification of the certification in the certification of the certification is the certification of the certification of the certification is the certification of the cert	of the issued a the corporation gned by all inco	nd , the orporators or	
nitial Certificate of Disclosure:	This Certificomplete	ficate must b and attach a	e signed by all incorporators. If mo n incorporator Attachment form CO8-	re space is n ee I.	aea,	
Foreign corporations:	This Certi		signed by a duly authorized officer		man of	
Credit Unions and Loan Compani	es: This Certi	ficate must b	e signed by any 2 officers or directo	rs.		
arianne Hardy me 120 N. 2nd Place			Sarah Ziker Name 6017 E. Almeda Court Address 1			
dress 2		0.700	Address 2		05221	
oenix		85086 Zio	Cave Creek	AZ State	85331 Zip	
UNITED STATES			Country UNITED STATES			
GNATURE – see Instructions Control of typing or entering my name an accept" below, I acknowledge up is document together with any asympliance with Arizona law.	d checking the t	<i>perjury</i> that	SIGNATURE - see Instructions By typing or entering my name "I accept" below, I acknowledge this document together with an compliance with Arizona law.	and checking to under penalty y attachments	<i>of perjury</i> tha	
navarne Harly	CCEPT		Sayah Bil	ACCEPT		
Marianne Hardy 04/10/2015			Sarah Ziker			
rinted Name EQUIRED - check only one:		Date	Printed Name REQUIRED - check only one		Date	
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.			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 locompany submitting this Certificate.			
Filing Fee: None All fees are nonrefundable - se			Mail: Arizona Corporation Commi- 1300 W. Washington St., Pl Fax: 602-542-4100 d by staute. You should seek private legal cook	oenix, Artzona	85007	

to the individual needs of your business.

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