

MAR 10 2016

FILE NO. 2075501-8

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

**ARTICLES OF INCORPORATION  
NONPROFIT CORPORATION**

*Read the Instructions C011i*

1. **ENTITY NAME** - see Instructions C011i for naming requirements - give the exact name of the corporation:

Fort Comfort Veterans Village

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.

Provide housing and services to veterans of the US Military

3. **MEMBERS - check one:** ☐ The corporation WILL have members.  
☒ The corporation WILL NOT have members.

4. **ARIZONA KNOWN PLACE OF BUSINESS ADDRESS:**

- 4.1 Is the Arizona known place of business address the same as the **street address** of the statutory agent?

- ☐ Yes - go to number 5 and continue  
☒ No - go to number 4.2 and continue

- 4.2 If you answered "**No**" to number 4.1, give the **physical or street address** (not a P.O. Box) of the known place of business of the corporation in Arizona:

Fort Comfort Veterans Village		
Attention (optional)		
10111 West Old Highway 66		
Address 1		
PO Box 1335		
Address 2 (optional)		
Ash Fork	AZ	86320
City	State or Province	Zip
Country	UNITED STATES	



**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 Director Attachment form C082.

<b>Jerome D Simpson</b> <small>Name</small> <b>1021 N State Route 89</b> <small>Address 1</small> <b>Suite 108 Box 161</b> <small>Address 2 (optional)</small> <b>Chino Valley</b> <b>AZ</b> <b>86323</b> <small>City</small> <small>State or Province</small> <small>Zip</small> <small>Country</small> <b>UNITED STATES</b>				<b>Lynette Simpson</b> <small>Name</small> <b>1021 N State Route 89</b> <small>Address 1</small> <b>Suite 108 Box 161</b> <small>Address 2 (optional)</small> <b>Chino Valley</b> <b>AZ</b> <b>86323</b> <small>City</small> <small>State or Province</small> <small>Zip</small> <small>Country</small> <b>UNITED STATES</b>			
<b>Courtney Racey</b> <small>Name</small> <b>300 81st Street South</b> <small>Address 1</small> <small>Address 2 (optional)</small> <b>Birmingham</b> <b>AL</b> <b>35206</b> <small>City</small> <small>State or Province</small> <small>Zip</small> <small>Country</small> <b>UNITED STATES</b>				<b>Justin Simpson</b> <small>Name</small> <b>8010 4th Avenue South</b> <small>Address 1</small> <small>Address 2 (optional)</small> <b>Birmingham</b> <b>AL</b> <b>35206</b> <small>City</small> <small>State or Province</small> <small>Zip</small> <small>Country</small> <b>UNITED STATES</b>			
<b>Darren Simpson</b> <small>Name</small> <b>4436 Franklin Avenue Apt 203</b> <small>Address 1</small> <small>Address 2 (optional)</small> <b>Los Angeles</b> <b>CA</b> <b>90027</b> <small>City</small> <small>State or Province</small> <small>Zip</small> <small>Country</small> <b>UNITED STATES</b>				<b>Greg Johnson</b> <small>Name</small> <b>109 Lacey Lane</b> <small>Address 1</small> <small>Address 2 (optional)</small> <b>Fort Walton Beach</b> <b>FL</b> <b>32547</b> <small>City</small> <small>State or Province</small> <small>Zip</small> <small>Country</small> <b>UNITED STATES</b>			

**6. STATUTORY AGENT** - see *Instructions C011i*

<b>6.1 REQUIRED</b> - give the <b>name</b> (can be an individual or an entity) <b>and physical or street address</b> (not a P.O. Box) in Arizona of the statutory agent:				<b>6.2 OPTIONAL</b> - mailing address in Arizona of statutory agent (can be a P.O. Box):			
<b>Jerome D. Simpson</b> <small>Statutory Agent Name (required)</small> <b>1021 N. State Route 89</b> <small>Attention (optional)</small> <b>Suite 108 Box 161</b> <small>Address 1</small> <small>Address 2 (optional)</small> <b>Chino Valley</b> <b>AZ</b> <b>86323</b> <small>City</small> <small>State</small> <small>Zip</small>				<small>Attention (optional)</small> <small>Address 1</small> <small>Address 2 (optional)</small> <small>City</small> <small>State</small> <small>Zip</small>			
<b>6.3 REQUIRED</b> - the <i>Statutory Agent Acceptance</i> form M002 must be submitted along with these Articles of Incorporation.							



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

The Articles will be rejected if the Certificate of Disclosure is not simultaneously submitted.

**8. INCORPORATORS** - list the **name and address**, and the **signature**, of each and every incorporator - minimum of one is required. If more space is needed, check this box

☐ and complete and attach the Incorporator Attachment form C084.

Jerome D. Simpson

Name

1021 N. State Route 89

Address 1

Suite 108 Box 161

Address 2 (optional)

Chino Valley

AZ

86323

City

UNITED STATES

State

Zip

Country

**SIGNATURE** - *see Instructions C011i:*

By checking the box marked "I accept" below, I acknowledge *under penalty of perjury* that this document together with any attachments is submitted in compliance with Arizona law.

☒ I ACCEPT



Signature

Jerome D. Simpson

3/7/2016

Printed Name

Date

**IF SIGNING FOR AN ENTITY, CHECK ONE, FILL IN BLANK:**

☐ **Corporation as Incorporator** - I am signing as an officer or authorized agent of a corporation 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:

Name

Address 1

Address 2 (optional)

City

State

Zip

Country

**SIGNATURE** - *see Instructions C011i:*

By checking the box marked "I accept" below, I acknowledge *under penalty of perjury* that this document together with any attachments is submitted in compliance with Arizona law.

☐ I ACCEPT

Signature

Printed Name

Date

**IF SIGNING FOR AN ENTITY, CHECK ONE, FILL IN BLANK:**

☐ **Corporation as Incorporator** - I am signing as an officer or authorized agent of a corporation 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:

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.



**CERTIFICATE OF DISCLOSURE***Read the Instructions C003i***1. ENTITY NAME** – give the exact name of the corporation in Arizona:

Fort Comfort Veterans Village

**2. A.C.C. FILE NUMBER** (if 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: <http://www.azcc.gov/Divisions/Corporations>**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 previously-filed Certificate of Disclosure)

**4. FELONY/JUDGMENT QUESTIONS :**

Has any person (a) who is currently an officer, director, trustee, or incorporator, or (b) who controls or holds over ten per cent of the issued and outstanding common shares or ten per cent of any other proprietary, beneficial or membership interest in the corporation been:

<b>4.1</b>	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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>4.2</b>	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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>4.3</b>	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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>4.4</b>	If any of the answers to numbers 4.1, 4.2, or 4.3 are <b>YES</b> , you <b>MUST</b> complete and attach a Certificate of Disclosure Felony/Judgment Attachment form C004.		





**5. BANKRUPTCY QUESTION:**

**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?

☐ Yes☒ No

**5.2** If the answer to number 5.1 is **YES**, you **MUST** complete and attach a Certificate of Disclosure Bankruptcy Attachment form C005.

**IMPORTANT:** If within 60 days of the delivery of this Certificate to the A.C.C. any person not included in this Certificate becomes an officer, director, trustee or person controlling or holding over ten per cent of the issued and outstanding shares or ten per cent of any other proprietary, beneficial or membership interest in the corporation, the corporation must submit a SUPPLEMENTAL Certificate providing information about that person, signed by all incorporators or by a duly elected and authorized officer.

**SIGNATURE REQUIREMENTS:**

Initial Certificate of Disclosure:	This Certificate must be signed by all incorporators. If more space is needed, complete and attach an Incorporator Attachment form C084.
Foreign corporations:	This Certificate may be signed by a duly authorized officer or by the Chairman of the Board of Directors.
Credit Unions and Loan Companies:	This Certificate must be signed by any 2 officers or directors.

Jerome D. Simpson

Name

1021 N. State Route 89

Address 1

Suite 108 Box 161

Address 2

Chino Valley

AZ

86323

City

UNITED STATES ☒

State

Zip

Country

**SIGNATURE** - see Instructions C003i:

By typing or entering my name and checking the box marked "I accept" below, I acknowledge *under penalty of perjury* that this document together with any attachments is submitted in compliance with Arizona law.

☒ I ACCEPT

Signature

Jerome D. Simpson

03/07/2016

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.

Name

Address 1

Address 2

City

Country

State

Zip

**SIGNATURE** - see Instructions C003i:

By typing or entering my name and checking the box marked "I accept" below, I acknowledge *under penalty of perjury* that this document together with any attachments is submitted in compliance with Arizona law.

☐ I ACCEPT

Signature

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.

Filing Fee: None

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.

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MAR 10 2016

Fort Comfort Veterans Village  
ARTICLES OF ASSOCIATION

FILE NO. \_\_\_\_\_

Article I  
Fort Comfort Veterans Village

The name of this association is Fort Comfort Veterans Village and is designated an unincorporated nonprofit association created under the laws of the State of Arizona.

ARTICLE II  
Office and Duration

1. The office of Fort Comfort Veterans Village shall be located at the address at which the Secretary-Treasurer has official residence; or at such place as Board of Directors may from time to time determine, or as the business of Fort Comfort Veterans Village may require.
2. The duration of Fort Comfort Veterans Village shall be perpetual.
3. The death, removal, or resignation of any member of the Board of Directors shall not result in the dissolution of Fort Comfort Veterans Village.

Article III  
Intent and Purpose

The Organization is organized exclusively for charitable, religious, educational, or scientific purposes under Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

It is the intent of Fort Comfort Veterans Village to become a provider of services for veterans of the United States Armed Services. These services will include; permanent housing, temporary housing, meals, toiletries, facilities for showers and laundry, meeting facilities for group therapy sessions, counseling for social and personal issues, a referral source for programs available from the Veterans Administration, and a employment assistance center. Fort Comfort Veterans Village may engage in any and all other charitable activities permitted to an organization exempt from federal income tax under Section 501(c)(3) of the Code or corresponding future provisions of the federal tax law. To



these ends, Fort Comfort Veterans Village may do and engage in any and all lawful activities that may be incidental or reasonably necessary to any of these purposes, and it shall have and may exercise all other powers and authority now or hereafter conferred upon unincorporated nonprofit corporations in the State of Alabama.

#### Article IV Structure and Membership

Fort Comfort Veterans Village consists of individuals and groups dedicated to the providing of services as outlines in Article II of this document. Membership is open to anyone wishing to render support, guidance and encouragement to individuals any veteran of the United States Armed Services. Fort Comfort Veterans Village is a purely voluntary organization, and no membership fee or annual dues are required for membership. Fort Comfort Veterans Village does not discriminate on the basis of race, color, sex, age, religious affiliation, handicap, national origin, or other personal factor.

#### Article V Street Address

The Street Address of registered office of Fort Comfort Veterans Village is 10111 West Old Highway 66, PO Box 1335, Ash Fork, AZ 86320 and the name of the registered agent at that office is Jerome D. Simpson.

#### Article VI Association Leadership

Fort Comfort Veterans Village shall be governed by at least Three (3) officers to be determined by the group. The name and total number of officer positions will be determined as the group requires, changeable as circumstances necessitate. One person will be designated as Fort Comfort Veterans Village' s agent in this state, as needed, following state law requirements. Two-thirds of the then-existing membership constitute a quorum of Fort Comfort Veterans Village. Officers may be elected annually by nomination and a majority vote of at least a quorum of the organization. Founding Directors are:

Jerome D. Simpson - 1021 N. State Route 89, Suite 108 Box 161, Chino Valley, AZ 86323 - President

Lynette Simpson - 1021 N. State Route 89, Suite 108 Box 161, Chino



Valley, AZ 86323 - Vice President/Treasurer

Gregory Johnson - 109 Lacey Lane, Fort Walton Beach, FL 35248 - Vice President

Courtney Racey - 300 81<sup>st</sup> Street South, Birmingham, AL 35206 - Secretary

Justin Simpson - 8010 4<sup>th</sup> Avenue South, Birmingham, AL 35206 - Board Member

Darren Simpson - 300 81<sup>st</sup> Street South, Birmingham, AL 35206 - Board Member

#### ARTICLE VII

##### Incorporator

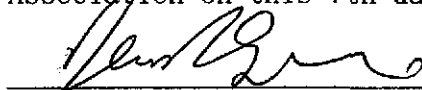
Name and address of incorporator is: Jerome D. Simpson, 1021 N. State Route 89, Suite 108 Box 161, Chino Valley, AZ 86323

#### ARTICLE VIII

##### Dissolution

Upon dissolution of this organization, assets shall be distributed for one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose.

IN WITNESS WHEREOF, the undersigned have executed these Articles of Association on this 7th day of March, 2016.

  
Jerome D. Simpson President

  
Courtney E. Racey Secretary





INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date:

JAN 21 2016

FORT COMFORT VETERANS VILLAGE  
300 81ST STREET SOUTH  
BIRMINGHAM, AL 35206-3830

Employer Identification Number:  
81-1018293

DLN:

17053015318016

Contact Person:

MS. LEE

ID# 31208

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

December 31

Public Charity Status:

170(b)(1)(A)(vi)

Form 990/990-EZ/990-N Required:

Yes

Effective Date of Exemption:

May 1, 2015

Contribution Deductibility:

Yes

Addendum Applies:

No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

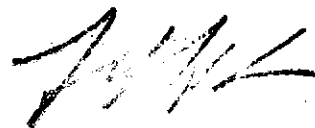
Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to [www.irs.gov/charities](http://www.irs.gov/charities). Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,



Jeffrey I. Cooper  
Director, Exempt Organizations  
Rulings and Agreements



RECEIVED

MAR 10 2016

ARIZONA CORP. COMMISSION  
CORPORATIONS DIVISION

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

ARIZONA CORPORATION COMMISSION CORPORATIONS DIVISION

# COVER SHEET

**USE A SEPARATE COVER SHEET FOR EACH DOCUMENT**

**1. WHAT ARE YOU FILING?**

☒ New Entity    ☐ Change to existing entity    ☐ Re-submission/Correction

**2. ENTITY NAME:**

Fort Comfort Veterans Village

**3. CALCULATE YOUR FEES** (copies, certificate of good standing and expedited processing are all optional):

Document filing fee (fees are listed on the bottom of the form or on the fee schedule)	Subtotal:	40.00
Do you want EXPEDITED processing? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO    If YES, add \$35.00	Subtotal:	35.00
<input type="checkbox"/> Corporation certified copies \$ 5.00 each x (enter number of copies requested)	Subtotal:	
<input type="checkbox"/> LLC certified copies \$10.00 each x (enter number of copies requested)	Subtotal:	
<input type="checkbox"/> Certificate of Good Standing \$10.00 each x (enter number of copies requested)	Subtotal:	
<b>TOTAL YOUR AMOUNT OWED</b>	<b>TOTAL AMOUNT DUE:</b>	75.00

**4. PAYMENT METHOD:**

<input type="checkbox"/> MOD Account #
<p><b>Cash</b> - do not mail cash. Cash may be used only for in-person submittals.</p> <p><b>Checks or money orders</b> - must be made payable to "Arizona Corporation Commission," with all words spelled out and no abbreviations. Checks must be completely and properly filled out, including the amount sections. <b>UNACCEPTABLE CHECKS</b> include: no imprinted or preprinted name and address of the account holder; no imprinted or preprinted check number; handwritten or stamped names, addresses, or check numbers; temporary checks (new accounts).</p> <p><b>Credit cards</b> - may be used for in-person submittals, and for online corporation annual reports, online name reservations, or online certificates of good standing. We accept only Visa, MasterCard, and American Express.</p>

**5. REQUIRED - RETURN DELIVERY OPTION (PLEASE PRINT CLEARLY and select only ONE):**

<input checked="" type="checkbox"/> Email	Email address: jdsimpson@cotsforvets.org	
<input type="checkbox"/> Pick up	Name:	Phone:
<input type="checkbox"/> Mail	Name:	
	Address:	
	City:	State: Zip:
	Phone:	

**DOCUMENTS WILL BE MAILED IF THEY ARE NOT PICKED UP IN A TIMELY MANNER (APPROXIMATELY ONE WEEK)**

<b>FOR ARIZONA CORPORATION COMMISSION USE ONLY</b>	
<b>PICK-UP BY:</b> _____	<b>DATE:</b> _____

View current processing times at: [www.azcc.gov/Divisions/Corporations/document-processing-times.pdf](http://www.azcc.gov/Divisions/Corporations/document-processing-times.pdf)

