

AZ CORPORATION COMMISSION
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FILE NO. -2165629-2

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

**ARTICLES OF INCORPORATION
NONPROFIT CORPORATION**

Read the Instructions C0111

1. **ENTITY NAME** - see Instructions C0111 for naming requirements - give the exact name of the corporation:

THE WHITE MOUNTAIN COALITION AGAINST HOMELESSNESS

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.

TO PROVIDE TEMPORARY HOUSING FOR HOMELESS CLIENTS

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:

SALVATION ARMY		
4367 W. WHITE MOUNTAIN BLVD.		
STE. 8A		
LAKE SIDE		85929
City	State or Province	Zip
Country		

MEMORANDUM FOR THE RECORD

DATE: 10/1/54

TO: MR. TOLSON

5. DIRECTORS - list the name and business address of each and every Director of the corporation. If more space is needed, check this box <input type="checkbox"/> and complete and attach the Director Attachment form C082.			
DAVID SHERMAN Name		MARIA STOKES Name	
4389 MEADOW GROVE Address 1		1450 S. EMMA DRIVE #118 Address 1	
SHOW LOW Address 2 (optional)	AZ State or Province	85901 Zip	PINETOP Address 2 (optional)
NAU City			NAU City
MARY-ALCON-YOUNG Name		ERNIE RUNAWAY Name	
3011 SOARING EAGLE WY. Address 1		APACHE CO. RD 3323 Address 1	
PINETOP Address 2 (optional)		VERDON Address 2 (optional)	
NAU City	AZ State or Province	85935 Zip	AZ State or Province
			85940 Zip
ROD MARSHALL Name		TOM BROWN Name	
2421 N. 22ND WAY Address 1		151 S 14TH DRIVE Address 1	
SHOW LOW Address 2 (optional)		SHOW LOW Address 2 (optional)	
NAU City	AZ State or Province	85901 Zip	NAU City

6. STATUTORY AGENT - see Instructions C0111			
6.1 REQUIRED - give the name (can be an individual or an entity) and physical or street address (not a P.O. Box) in Arizona of the statutory agent:		6.2 OPTIONAL - mailing address in Arizona of statutory agent (can be a P.O. Box):	
NICK O. PATTON Statutory Agent Name (required)			
MOORE LAW Attention (optional)			
2707 S. WHITE MT. RD Address 1			
STE. H Address 2 (optional)			
SHOW LOW City	AZ State or Province	85901 Zip	
6.3 REQUIRED - the Statutory Agent Acceptance 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.

Name Tom Brown
Address 1 151 S 1st Ave
Address 2 (optional) Shawlow AZ 85901
City NAU State AZ Zip 85901
Country _____

SIGNATURE - see Instructions C0111:

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 Thomas A. Brown
Printed Name THOMAS A. BROWN Date 2-22-2017

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 C0111:

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 _____

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 records and are open for public inspection.
If you have questions after reading the Instructions, please call 602-542-3028 or (within Arizona only) 800-345-5819.

C011.002
Rev. 2015

Arizona Corporation Commission - Corporate Division
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Clear Form

Print Form

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR A/C USE ONLY.

STATUTORY AGENT ACCEPTANCE

Please read Instructions M002I

- 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):

THE WHITE MOUNTAIN COALITION AGAINST HOMELESSNESS

- STATUTORY AGENT NAME** - give the exact name of the Statutory Agent appointed by the entity listed in number 1 above (this will be either an individual or an entity). **NOTE** - the name must match exactly 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:

NICK D. PATTON

3. STATUTORY AGENT SIGNATURE:

By the signature appearing below, the individual or entity named in number 2 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.

Nick D. Patton
Signature

Nick D. Patton
Printed Name

2/21/17
Date

REQUIRED - check only one:

☒ **Individual as statutory agent:** I am signing on behalf of myself as the individual (natural person) named as statutory agent.

☐ **Entity as statutory agent:** I am signing on behalf of the entity named as statutory agent, and I am authorized to act for that entity.

Filing Fee: none (regular processing)
Expedited processing - not applicable.
All fees are nonrefundable - see Instructions.

Mail: Arizona Corporation Commission - Corporate Filings Section
1300 W. Washington St., Phoenix, Arizona 85007
Fax: 602-542-4100

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If you have questions after reading the instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ADD LINES ONLY.

CERTIFICATE OF DISCLOSURE

Read the instructions C0031

1. ENTITY NAME -- give the exact name of the corporation in Arizona:

THE WHITE MOUNTAIN COALITION AGAINST HOMELESSNESS

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/Divisional/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:

4.1	Convicted of a felony involving a transaction in securities, consumer fraud or entitment in any state or federal jurisdiction within the five-year period immediately preceding the signing of this certificate?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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 five-year period immediately preceding the signing of this certificate?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
4.3	Subject to an injunction, judgment, decree or permanent order of any state or federal court entered within the five-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 entitment or restraint of trade laws of that jurisdiction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
4.4	If any of the answers to numbers 4.1, 4.2, or 4.3 are YES, you MUST complete and attach a Certificate of Disclosure Felony/Judgment Attachment form C004.		

C003101
Rev. 2016

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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.

Name TOM BROWN
 Address 1 151 S 14TH DRIVE
 Address 2
 City SHOW LOW State AZ Zip 85901
 Country

Name
 Address 1
 Address 2
 City State Zip
 Country

SIGNATURE - see Instructions C003:

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

Printed Name THOMAS A. BROWN Date 2-22-2017

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.

SIGNATURE - see Instructions C003:

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
 1308 W. Washington St., Phoenix, Arizona 85007
 Fax: 602-542-4100

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 If you have questions after reading the instructions, please call 602-542-3029 or (within Arizona only) 800-545-5919.

C005.001
 Rev. 10/16

Arizona Corporation Commission - Corporate Filings Section
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COMMISSIONERS
TOM FORESE - Chairman
BOB BURNS
DOUG LITTLE
ANDY TOBIN
BOYD DUNN



ARIZONA CORPORATION COMMISSION

TED VOGT
Executive Director
PATRICIA L. BARFIELD
Director
Corporations Division

THE WHITE MOUNTAIN COALITION AGAINST HOMELESSNESS
THOMAS BROWN
151 S 14TH DRIVE

SHOWLOW, AZ 85901

Effective Date: 03/23/2017
File No: -2165629-2

We have received a document submission for the above-referenced entity. If an acceptable form of payment for the correct filing fee was received, it has been deposited and is nonrefundable pursuant to statute, unless otherwise noted below. The document is **REJECTED** and is being returned for the following reasons:

****This document is illegible. The document shall be legible and capable of microfilm or other process as determined by the Commission. Please resubmit a legible copy of the document for processing. **Section #8 in the Articles & on the Certificate of Disclosure, the name provided in the address section must be consistent with the printed name and signature below the I accept box. **On the statutory agent acceptance form, please remove and correct the marked box at the bottom of the page from Entity to Individual. **ByLaws are not filed with the ACC. Please remove from the filing.**

IMPORTANT INFORMATION:

Follow the instructions below to resubmit your document. If you originally paid for expedited processing, the resubmitted document will be processed within the current posted expedited time frame after we receive the resubmission, and no additional fees are owed. If you originally paid for regular processing time, the resubmitted document will be processed within the current posted regular time frame after we receive the resubmission, and no additional fees are owed. If you want to upgrade from regular processing to expedited processing, then you can pay the \$35.00 expedite fee when you resubmit the document.

Please Note: Companies must return the corrected document within thirty (30) calendar days of the rejection date to retain the original file date.

Return the following information to the Corporations Division (all pages must be legible):

1. A copy of this letter;

2. All pages of the rejected document with corrections OR a complete, signed, corrected document;
3. A NEW cover sheet indicating resubmission; and
4. Any additional paperwork or filing fees, as requested within this letter.

If you do not owe any additional fees or are paying by MOD account you can email your resubmission packet as a pdf document attachment to documentintake@azcc.gov.

If you have any questions, please feel free to contact the Customer Service Call Center at 602-542-3026 or Arizona residents only may use the toll free number 800-345-5819.

TO SUBSCRIBE TO THE ANNUAL REPORT EMAIL REMINDER SERVICE, GO ONLINE TO <http://ecorp.azcc.gov>. USE THE SERVICE FEATURE AND SELECT "SUBSCRIBE TO EMAIL REMINDER TO FILE ANNUAL REPORT." YOU CAN ALSO SUBSCRIBE USING THE SEARCH FEATURE TO FIND YOUR CORPORATION'S RECORD. THEN CLICK ON THE BUTTON FOR "ANNUAL REPORT EMAIL REMINDERS." IF YOU CHOOSE NOT TO SUBSCRIBE, YOU WILL NOT RECEIVE ANY REMINDER AT ALL FROM THE COMMISSION.

Tell us how we are doing. Take the online customer service survey at www.azcc.gov/divisions/Corporations.

RECEIVED

MAR 29 2017

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
**** ORDER COPIES USING A RECORDS REQUEST FORM ****

WHAT ARE YOU FILING?

☒ New Entity ☐ Change to existing entity ☐ Re-submission of rejected filing

ENTITY NAME - give the exact name of the corporation as currently shown in A.C.C. records:

THE WHITE MOUNTAIN COALITION AGAINST HOMELESSNESS

EXPEDITED PROCESSING?

☐ YES - add \$35 to the filing fee ☒ NO - pay only the filing fee

Document filing fees are listed on the bottom of each form or on the fee schedule on our website, <http://ecorp.azcc.gov>, under the FAQs.

PAYMENT:

☐ MOD Account #: Total amount to deduct:

Cash - do not mail cash. Cash may be used only for in-person submittals.
Checks or money orders - 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. UNACCEPTABLE CHECKS 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).
Credit cards - 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.

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

<input type="checkbox"/> Email	Email address:		
<input type="checkbox"/> Pick up	Name:	Phone:	
<input checked="" type="checkbox"/> Mail	Name: <u>THOMAS BROWN</u>		
	Address: <u>151 S 14TH DRIVE</u>		
	City: <u>SHOW LOW</u>	State: <u>AZ</u>	Zip: <u>85901</u>
	Phone: <u>928-243-1864</u>		

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

FOR ARIZONA CORPORATION COMMISSION USE ONLY	
PICK-UP BY: _____	DATE: _____

View current processing times at: www.azcc.gov/Divisions/Corporations/document-processing-times.pdf