



# ARTICLES OF INCORPORATION NONPROFIT CORPORATION

Read the Instructions C011i

cor Ma	uricopa County, Arizona Chapter, SPEBSQSA, Inc.
	The County, Paraolia Chapter, SPEBSQSA, Inc.
	ARACTER OF AFFAIRS - briefly describe the character of affairs the corporation initially intend conduct in Arizona. NOTE that the character of affairs that the corporation ultimately conducts in limited by the description provided.
perpending person perso	e purpose of this chapter shall be to support the purposes of the Society for the Preservation and couragement of Barber Shop Quartet Singling in America, Incorporated (the "society"): to petuate the old American Institution: the barbershop quartet and barbershop harmony; to mote appreciation of barbershop harmony; to initiate and maintain a broad program of musical cation, contests, and appreciation in support of barbershop harmony and the allied arts; to ablish and maintain foundations that support our vision; and to initiate, promote, and participate haritable projects that support our vision. The chapter activities shall be conducted without sonal gain for its individual members and any profits or other increments to the chapter shall be in promoting the purposes of the Society and the mission of the chapter reflecting its own see in the community and the Society.
	The corporation WILL have members.  The corporation WILL NOT have members.
	The corporation WILL NOT have members.  ZONA KNOWN PLACE OF BUSINESS ADDRESS:
	The corporation WILL NOT have members.  ZONA KNOWN PLACE OF BUSINESS ADDRESS:  Is the Arizona known place of business address the same as the street address of the same as the sa
ARI	The corporation WILL NOT have members.  ZONA KNOWN PLACE OF BUSINESS ADDRESS:  Is the Arizona known place of business address the same as the street address of the statutory agent?
ARI	The corporation WILL NOT have members.  ZONA KNOWN PLACE OF BUSINESS ADDRESS:  Is the Arizona known place of business address the same as the street address of the same as the sa
ARI	The corporation WILL NOT have members.  ZONA KNOWN PLACE OF BUSINESS ADDRESS:  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
ARI 4.1	The corporation WILL NOT have members.  ZONA KNOWN PLACE OF BUSINESS ADDRESS:  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
ARI 4.1	The corporation WILL NOT have members.  ZONA KNOWN PLACE OF BUSINESS ADDRESS:  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
ARI 4.1	The corporation WILL NOT have members.  ZONA KNOWN PLACE OF BUSINESS ADDRESS:  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  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:
ARI 4.1	The corporation WILL NOT have members.  ZONA KNOWN PLACE OF BUSINESS ADDRESS:  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  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:
ARI 4.1	The corporation WILL NOT have members.  ZONA KNOWN PLACE OF BUSINESS ADDRESS:  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  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:  Attention (optional)  Address 1

	orporation. If more ttachment form C08		eded, chec	s address of each and k this box and com	every Director of the plete and attach the <u>Direct</u>	<u>tor</u>
Kathe	rine Blodgett					
Name 21912 Address 1	N 97th Drive			Name		
	•			Address 1		
Peoria	(optional)	AZ	85383	Address 2 (optional)		
Clty Country	UNITED STATES	State or Province	Zip	City	State or Zip Province	
Daniel	Thomas Ryan Jr.					
9249 West Runion Drive			Name			
Address 1				Address 1		
Peoria	(optional)	AZ	85382	Address 2 (optional)		
City Country	UNITED STATES	State or Province	Zip	City	State or Zip Province	
Christi	na Petroski					
	E El Pueblo Blvd			Name		
Address 1				Address 1		
	optional) in Hills	AZ	85268	Address 2 (optional)		
Country	UNITED STATES	State or Province	Zip	City	State or Zip Province	

6.1 REQUIRED - giv an individual or an or street address of the statutory age	entity) and <i>physical</i> (not a P.O. Box) in Arizona	6.2 OPTIONAL of statutory ag	- mailing addr ent (can be a	ess in Arizona P.O. Box):
Christina Petroski Statutory Agent Name (required)  Attention (optional) 17339 E El Pueblo Blvd Address 1		Attention (optional)		
Address 2 (optional) City Fountain Hills	AZ 85268 State Zip	Address 1  Address 2 (optional) City  tance form M002 must b	State	Zip

	<ol> <li>REQUIRED - you must complete and submit with the Articles a <u>Certificate of Disclosure</u>.</li> <li>The Articles will be rejected if the Certificate of Disclosure is not simultaneously submitted.</li> </ol>							
	······	e is remined	ddress, and the If more space is or Attachment fo	' habada'	of each and eck this box	every		
Christina Petroski			,					
17339 E El Pueblo Bly	d		Name Address 1					
Address 2 (optional)			Address 2 (options					
Fountain Hills	AZ	85268	Address 2 (options	31)				
UNITED STAT	ES	ZIP	Country		State	Zip		
SIGNATURE - see Instruc	tions C011i:		SIGNATURE					
By checking the box material acknowledge under per document together with submitted in compliance	arked "I accept" halty of law that I any attachmen	this ts is	By checking acknowledge document to	SIGNATURE - see Instructions C011i:  By checking the box marked "I accept" below, I acknowledge under penalty of law that this document together with any attachments is submitted in compliance with Arizona law.				
	TACCEPT /			I	ACCEP <b>T</b>			

Signature

Printed Name

09-09-2019

Ďate

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, Arlzona 85007

602-542-4100 Fax:

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.

Christina Petroski

Printed Name

Date

### STATUTORY AGENT ACCEPTANCE

	Please read Instructions M002i
1,	<b>ENTITY NAME</b> – give the <b>exact</b> 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 Articles of Incorporation):  Maricopa County, Arizona Chapter, SPEBSQSA, Inc.
2.	<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:
	Christina Petroski
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 <i>under penalty of perjury</i> that the information contained within this document together with any attachments is true and correct, and is submitted in compliance with Arizona law.
	MA Debol Christina Petroski
Sign	Printed Name Pate
REQ	DIRED - check only one:
	Individual as statutory agent: I am signing on behalf of myself as the individual
	signing on behalf of myself as the individual (natural person) named as statutory agent.  Littly 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) Mail: Arizona Corporation Commission - Examination Section Expedited processing - not applicable. 1300 W. Washington St., Phoenix, Arizona 85007 All fees are nonrefundable - see Instructions. Fax: 602-542-4100

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# **CERTIFICATE OF DISCLOSURE**

Read the Instructions C003i

1.	ENTITY NAME - give the exact name of the corporation in Arizona:
	Maricopa County, Arizona Chapter, SPEBSQSA, Inc.

2. FELO	NY/JUDGMENT QUESTIONS :		
	any person (a) who is currently an officer, director, trustee, or incorprols or holds over ten per cent of the issued and outstanding common of any other proprietary, beneficial or membership interest in the conversed of a falony involving		
	consumer fraud or antitrust in any state or federal jurisdiction within the seven year period immediately preceding the signing of this certificate?	[ Yes	■ No
2.2	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?	☐ Yeş	■ No
2.3	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
2.4	If any of the answers to numbers 2.1, 2.2, or 2.3 are VEC your Add	IST complete	
	and attach a Certificate of Disclosure Felony/Judgment Attachment form	n C004.	3
3. BÄNKE	RUPTCY QUESTION:		
3.1	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		

3. BANK	3. BANKRUPTCY QUESTION:							
3.1	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					
3.2	If the answer to number 3.1 is <b>YES</b> , you <b>MUST</b> complete and attach Disclosure Bankruptcy Attachment form C005.	a Certificat	e of					

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

S	IGNATURE REQUIREMENTS:						
			e signed	by all incorporators. If more orator Attachment form C084.	space is ne	eded,	
the Board of Directors				e signed	by a duly authorized officer of	r by the Cha	alrman of
Credit Unions and Loan Companies: This Certificate must				e signed	by any 2 officers or directors		
Chr	istina Petroski		· · · · · ·	Name	-		
73:	39 E El Pueblo Blvd			Name			,,,,,
				Addre	SS 1		
ou	ntain Hills		5268	Addre	55 Z	T	
City	IINTED STATES	State Zip		City	y	State	ZIp
his	yping or entering my name and cept" below, I acknowledge und document together with any att pliance with Arizona law.	der penalty of law fachments is subm	46-4	this	ping or entering my name and ept" below, I acknowledge un locument together with any all liance with Arizona law.	ider nenalt	of law that
	stina Petroski	09-6	09-2019	Signa	ture		
Print	ed Name	Date		Printe	d Name		Date
EQ	JIRED – check only one:			REQL	IRED – check only one:		
	Incorporator - I am an incorporation submitting this Co	porator of the rtlficate.			Incorporator - I am an inco	prporator of	the
	Officer - I am an officer of the submitting this Certificate			corporation submitting this Certificate.  Officer - I am an officer of the corporation submitting this Certificate			tion
	Chairman of the Board of D Chairman of the Board of Directions of the Board of Direction of Direction of the Board of Direction of Direction of the Board of Direction of Dire	ectors of the corpo	ration		Chairman of the Board of Chairman of the Board of Dir submitting this Certificate.	<b>Directors</b> ectors of th	I am the e corporation
	<b>Director</b> – I am a Director of company submitting this Certi	the credit union o ficate.	or loan		<b>Director</b> – I am a Director o company submitting this Cer	f the credit tificate.	union or loan

Filing Fee: None	Mail:	Arizona Carponation Committee
All fees are nonrefundable - see Instructions,		Arizona Corporation Commission - Corporate Filings Section 1300 W. Washington St., Phoenix, Arizona 85007
Please be advised that A.C.C. forms reflect only the minimum provisions	Fax:	602-542-4100

Please be advised that A.C.C. forms reflect only the **minimum** provisions required by statute. You should seek private 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. ne minimum provisions required by statute. You should seek private legal counsel for those matters that may pertain

## CERTIFICATE OF DISCLOSURE

Read the Instructions <u>C003i</u>

Δ.	ENTITY NAME - give the exact name of the corporation in Arizona:
	Maricopa County, Arizona Chapter, SPEBSQSA, Inc.

2. FEL	ONY/JUDGMENT QUESTIONS :		
Has	Sany nerson (a) who is suggestions of		
1	s any person (a) who is currently an officer, director, trustee, or incorporate or holds over ten per cent of the issued and outstanding common of any other proprietors.		4
	it of proy outer proprietary, peneticial or membership interest in the ac-	rooration by	cen per
	consumer fraud or antitrust in any state or federal jurisdiction within the seven year period immediately preceding the signing of this certificate?	Yes	■ No
2.2	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
2.3	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
2.4	OF A STEWERS TO HURIDONS Z.I. Z.Z. OF Z S ARE VER VOLUME	IST comple	<u> </u>
	and attach a Certificate of Disclosure Felony/Judgment Attachment for	n C004	re
		11 0004.	
	RUPTCY QUESTION:		
3.1	Has any person (a) who is currently an officer, director, trustee,		<del>-</del>
3.2	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
	If the answer to number 3.1 is <b>YES</b> , you <b>MUST</b> complete and attach Disclosure Bankruptcy Attachment form C005.	a Certificat	e of

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

	SIGNATURE REQUIREMENTS:	
	Initial Certificate of Disclosure:	This Certificate must be signed by all Incorporators. If more space is needed,
ł		The accept of the organization with the color of the colo
		This Certificate may be signed by a duly authorized officer or by the Chairman of the Board of Directors.
	Cradit Union	The state of the s
		This Certificate must be signed by any 2 officers or directors.

Katherine Blodgett				Daniel Thomas P.					
	Name				iel Thomas Ryan Jr.				
21912 N. 97th Drive			Name						
Address 1			9249	West Runion Drive					
				Addre	955 1	-	-		
Addre	953 Z	т		_					
Peo	ria.	AZ	95202	Addre					
City		State	85383	Peor	18	AZ	85382		
Count	UNITED STATES	State	Zip	City	T D TTO SEE .	State	ZIp		
	ry			Count	UNITED STATES	1	2.5		
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compliance with Arizona law.			com	document together with any pliance with Arizona law.	attachments	is submitted in			
					mental Anzona law.				
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IZ				S GAR	ture				
Katr	erine Blodgett		09-09-2019	Dan	iel Thomas Ryan Jr.		A 00 2010		
Printe	ed Name	-	Date	Printe	nd Name		1-07-1010		
DE0:	ITEM.						Date		
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	corporation submitting this C				Incorporator - I am an i corporation submitting thi	ncorporator o	r the		
	Officer - I am an officer of t	he corporation	1						
	submitting this Certificate			Officer - I am an officer of the corporation					
П	Chairman of the Board of Directors - I am the			submitting this Certificate					
	unairman of the Board of Dir	ectors of the c	Ornoration		Chairman of the Board	of Directors	- I am the		
	submitting this Certificate.		o. poration		Chairman of the Board of	Directors of the	ne corporation		
	Director - I am a Director o	f the anodit	I	_	submitting this Certificate,	,			
	company submitting this Cert	t ule credit UNI tificate	on or loan		Director - I am a Directo	r of the credit	union or loan		
					COMPANY Submitting this c	7 1:61			

Filing Fee: None	Mail:	Arizona Corporation Commission - Corporate Filings Section
All fees are nonrefundable - see Instructions,	l _	1300 W. Washington St., Phoenix, Arizona 85007
Vease he advised that A.C.C. forms and a second	Fax:	602-542-4100

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7.	<b>REQUIRED</b> - you must complete and submit with the Articles a <b>Certificate of</b>	
	Disclosure.	
	The Articles will be referred if the Contistent of the	

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.

Christina Petroski						
Name 17339 E El Pueblo Blvd			Name Address 1			
Address 2 (optional)			.	,		
Fountain Hills	AZ	85268	Address 2 (optional)			
UNITED STATES	State	4Ip	City		State	Zip
Country			Country			
SIGNATURE - see Instruction	s C011i:		SIGNATURE ~ SA	e Instructions (	20111	
By checking the box marked "I accept" below, I acknowledge under penalty of law that this document together with any attachments is submitted in compliance with Arizona law.			SIGNATURE - see Instructions CO11i:  By checking the box marked "I accept" below, I acknowledge under penalty of law that this document together with any attachments is submitted in compliance with Arizona law.			
Chul ho D	SCCEPT L			I ACC	CEPT	
Christina Petroski		09-09-2019	Signature			- 1,
Printed Name		Date	Printed Name			Date
			I			

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

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#### RECEIVED

SEP 9 2019

ARIZONA CORP. COMMISSION CORPORATIONS DIVISION