

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:

Maricopa County, Arizona Chapter, SPEBSQSA, Inc.

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.

The purpose of this chapter shall be to support the purposes of the Society for the Preservation and Encouragement of Barber Shop Quartet Singing in America, Incorporated (the "society"): to perpetuate the old American Institution: the barbershop quartet and barbershop harmony; to promote appreciation of barbershop harmony; to initiate and maintain a broad program of musical education, contests, and appreciation in support of barbershop harmony and the allied arts; to establish and maintain foundations that support our vision; and to initiate, promote, and participate in charitable projects that support our vision. The chapter activities shall be conducted without personal gain for its individual members and any profits or other Inurements to the chapter shall be used in promoting the purposes of the Society and the mission of the chapter reflecting its own place in the community and the Society.

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:

Attention (optional)		
Address 1		
Address 2 (optional)		
City	State or Province	Zip
Country		

**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.

Katherine Blodgett							
Name 21912 N 97th Drive				Name			
Address 1				Address 1			
Address 2 (optional) Peoria		AZ	85383	Address 2 (optional)			
City	UNITED STATES	State or Province	Zip	City		State or Province	Zip
Country				Country			
Daniel Thomas Ryan Jr.							
Name 9249 West Runion Drive				Name			
Address 1				Address 1			
Address 2 (optional) Peoria		AZ	85382	Address 2 (optional)			
City	UNITED STATES	State or Province	Zip	City		State or Province	Zip
Country				Country			
Christina Petroski							
Name 17339 E El Pueblo Blvd				Name			
Address 1				Address 1			
Address 2 (optional) Fountain Hills		AZ	85268	Address 2 (optional)			
City	UNITED STATES	State or Province	Zip	City		State or Province	Zip
Country				Country			

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

**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):

Christina Petroski							
Statutory Agent Name (required)							
Attention (optional) 17339 E El Pueblo Blvd				Attention (optional)			
Address 1				Address 1			
Address 2 (optional) Fountain Hills		AZ	85268	Address 2 (optional)			
City		State	Zip	City		State	Zip
<p><b>6.3 REQUIRED</b> - the <u>Statutory Agent Acceptance</u> form M002 must be submitted along with these Articles of Incorporation.</p>							

**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.

Christina Petroski

Name

17339 E El Pueblo Blvd

Address 1

Address 2 (optional)

Fountain Hills

AZ

85268

City

UNITED STATES

State

Zip

Country

**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.

☒ I ACCEPT



Signature

Christina Petroski

Printed Name

09-09-2019

Date

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 law* that this document together with any attachments is submitted in compliance with Arizona law.

☐ I ACCEPT

Signature

Printed Name

Date

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.

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**STATUTORY AGENT ACCEPTANCE***Please read Instructions M002i*

1. **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 Articles of Incorporation):

Maricopa County, Arizona Chapter, SPEBSQSA, Inc.

2. **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:

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 *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.



Christina Petroski

09-09-2019

Signature

Printed Name

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 – Examination Section  
1300 W. Washington St., Phoenix, Arizona 85007  
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. 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>2.1</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>2.2</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>2.3</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>2.4</b>	If any of the answers to numbers 2.1, 2.2, or 2.3 are <b>YES</b> , you <b>MUST</b> complete and attach a Certificate of Disclosure Felony/Judgment Attachment form C004.		

**3. BANKRUPTCY QUESTION:**

<b>3.1</b>	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 <b>any other corporation</b> (not the one filing this Certificate) on the bankruptcy or receivership <b>of the other corporation</b> ?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>3.2</b>	If the answer to number 3.1 is <b>YES</b> , you <b>MUST</b> 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.

Christina Petroski

Name

17339 E El Pueblo Blvd

Address 1

Address 2

Fountain Hills

AZ

85268

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 law* that this document together with any attachments is submitted in compliance with Arizona law.

☒ I ACCEPT


Signature

Christina Petroski

Printed Name

09-09-2019

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

State

Zip

Country

**SIGNATURE** - see Instructions C003i:

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Signature

Printed Name

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- ☐ **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

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C003.002  
Rev. 7/2017

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<b>2.1</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
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<b>2.3</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>2.4</b>	If any of the answers to numbers 2.1, 2.2, or 2.3 are <b>YES</b> , you <b>MUST</b> complete and attach a Certificate of Disclosure Felony/Judgment Attachment form C004.		

**3. BANKRUPTCY QUESTION:**

<b>3.1</b>	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 <b>any other corporation</b> (not the one filing this Certificate) on the bankruptcy or receivership <b>of the other corporation</b> ?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>3.2</b>	If the answer to number 3.1 is <b>YES</b> , you <b>MUST</b> 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:	
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Katherine Blodgett

Name

21912 N. 97th Drive

Address 1

Address 2

Peoria

AZ

85383

City

UNITED STATES

State

Zip

Country

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☒ I ACCEPT

*Katherine Blodgett*

Katherine Blodgett

Printed Name

09-09-2019

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.

Daniel Thomas Ryan Jr.

Name

9249 West Runion Drive

Address 1

Address 2

Peoria

AZ

85382

City

UNITED STATES

State

Zip

Country

**SIGNATURE** - see Instructions C003i:

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☒ I ACCEPT

*Daniel Thomas Ryan Jr.*

Daniel Thomas Ryan Jr.

Printed Name

9-09-2019

Date

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- ☒ **Officer** - I am an officer of the corporation submitting this Certificate.
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Filing Fee: None

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Mail: Arizona Corporation Commission - Corporate Filings Section  
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Fax: 602-542-4100

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C003.002  
Rev. 7/2017

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Page 2 of 2



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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

Address 1

Address 2 (optional)

Fountain Hills

AZ

85268

City

UNITED STATES

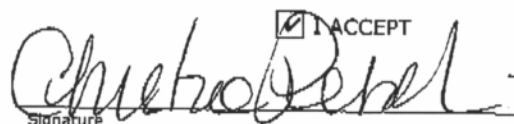
State

Zip

Country

**SIGNATURE** - see Instructions C011i:

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☒ I ACCEPT  


Signature

Christina Petroski

Printed Name

09-09-2019

Date

Name

Address 1

Address 2 (optional)

City

State

Zip

Country

**SIGNATURE** - see Instructions C011i:

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Signature

Printed Name

Date

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**RECEIVED**

SEP 9 2019

ARIZONA CORP. COMMISSION  
CORPORATIONS DIVISION