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## Secretary of State

## ARTS-PB-501(c)(3)

## Articles of Incorporation of a Nonprofit Public Benefit Corporation

IMPORTANT — Read Instructions before completing this form.

Filing Fee - \$30.00

Copy Fees - First page \$1.00; each attachment page \$0.50;

For Office Use Only

-FILED-

File No.: 6551586

Date Filed: 1/10/2025

Certification Fee - \$5.00					
Note: A separate California Franchise Tax Board application is required to obtain tax exempt status. For more information, go to https://www.ftb.ca.gov.		This Space For Office Use Only			
1. Corporate Name (Go to www.sos.ca.gov/business/be/name-avail.	ability for general co	rporate name requireme	ents and restr	rictions.)	
Certification Fee - \$5.00 (ate: A separate California Franchise Tax Board application is required to obtain ix exempt status. For more information, go to https://www.fb.ca.gov.  Corporate Name (Go to www.sos.ca.gov/business/be/name-availability for general corporate name requirements and restrictions.)  This Space For Office Use Only  Corporate Name (Go to www.sos.ca.gov/business/be/name-availability for general corporate name requirements and restrictions.)  Business Addresses (Enter the complete business addresses. Item 2a cannot be a P.O.Box or "in care of" an individual or entity.)  Initial Suser Addresses (Enter the complete business addresses. Item 2a cannot be a P.O.Box or "in care of" an individual or entity.)  Initial Suser Addresses (Corporation - Do pot enter a P.O. Box  City (no abbreviations)  Statia					
2. Business Addresses (Enter the complete business addresses.	Item 2a cannot be a	This Space For Office Use Only  Ity for general corporate name requirements and restrictions.)  Found a from  2a cannot be a P.O.Box or "in care of" an individual or entity.)  City (no abbreviations)  State Zip Code  City (no abbreviations)  State Zip Code  City (no abbreviations)  City (no abbreviations)  State Zip Code  Can Suffix  City (no abbreviations)  A a medical Caption C			
a. Initial Street Address of Corporation - Do not enter a P.O. Box	أم أد د د ما أ الأ		State	Zip Code	
b. Initial Mailing Address of Corporation, if different than item 2a	City (no abbreviations)		State	Zip Code	
·	,	nia street address.			
a. California Agent's First Name (if agent is not a corporation)	Middle Name Last Nam		a-cut	Suffin	
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box				Zip Code 9450 1	
c. California Registered Corporate Agent's Name (if agent is a corporation) – Do	not complete Item 3a	or 3b			
4. Purpose Statement Item 4b: If "public" purposes is checked	in Item 4a, or if you	intend to apply for tax-ex	xempt status	in California, yo	
the Nonprofit Public Benefit Corporation Law for: public	purposes. 🌠	charitable purposes.		_	
			daynad	constants	
Revenue Code section 501(c)(3).  b. No substantial part of the activities of this corporation shall consist legislation, and this corporation shall not participate or intervene is statements) on behalf of any candidate for public office.	at of carrying on properties of carrying on properties of carrying of the carrying of carrying	ropaganda, or otherwing the paign (including the paign)  4 hereof and no part of the beneful or provision for provision for provision for the beneful or provision for provision the proporation which is org	se attemption of the net increase of the net i	ng to influence or distribution o come or assets vate person. of all debts and operated	

Read and Sign Below (This form must be signed by each incorporator. See Instructions. Do not include a title.)

1/ - /

Signature Springer

Type or Print Name

L. Springer