



6396066

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## STATE OF CALIFORNIA Office of the Secretary of State ARTICLES OF INCORPORATION CA GENERAL COOPERATIVE California Secretary of State 1500 11th Street Sacramento, California 95814 (916) 657-5448

| Corporation Name  |                                    |  |
|---|------------------------------------|--|
| Corporation Name  | NovaCore Solutions Cooperative Co. |  |
| Initial Street Address of Principal Office of Corporation   |                                    |  |
| Principal Address   | 222 SOUTH FIGUEROA STREET,         |  |
|   | 322<br>LOS ANGELES, CA 90012       |  |
|   |                                    |  |
| Initial Mailing Address of Corporation  |                                    |  |
| Mailing Address   | 222 SOUTH FIGUEROA STREET<br>322   |  |
|   | LOS ANGELES, CA 90012              |  |
| Attention   | Pamela Givens                      |  |
| Agent for Service of Process  |                                    |  |
| Agent Name  | Pamela Givens                      |  |
| Agent Address   | 222 SOUTH FIGUEROA STREET          |  |
|   | 322                                |  |
|   | LOS ANGELES, CA 90012              |  |
| Voting Power and Proprietary Interests  |                                    |  |
| The voting power and the proprietary interests of the members are: Unequal  |                                    |  |
| The rule(s) by which the voting power and proprietary interests of the members shall be determined are: Prescribed in the corporation's bylaws  |                                    |  |
| Purpose Statement   |                                    |  |
| This corporation is a cooperative corporation organized under the Cooperative Corporation Law. The purpose of this corporation is to engage in any lawful act or activity for which a corporation may be organized under the law. |                                    |  |
| Additional information and signatures set forth on attached pages, if any, are incorporated herein by reference and made part of this filing.   |                                    |  |
| Electronic Signature  |                                    |  |
| By checking this box, I acknowledge that I am electronically signing this document as the incorporator of the Corporation and that all information is true and correct.   |                                    |  |
| Pamela Givens   | 09/22/2024                         |  |
| Incorporator Signature  | Date                               |  |