ARTS-PB-501(c)(3)

Articles of Incorporation of a Nonprofit Public Benefit Corporation

To form a nonprofit public benefit corporation in California, you can fill out this form or prepare your own document, and submit for filing along with:

A \$30 filling fee.

- A separate, non-refundable \$15 service fee also must be included, if you drop off the completed form or document.

Important! California nonprofit corporations are not automatically exempt from paying California franchise tax or income tax each year. A separate application is required in order to obtain tax exempt status. For more information, go to 3741959

FILED

Secretary of State State of California



JAN 0 5 2015

https://www.ftb.ca.gov/businesses/exempt_organizations or call the Franchise Tax Board at (916) 845-4171.				
Note: E advice	Befor	re submitting this form, you should consult with a private attor ut your specific business needs.	ney for This	Space For Office Use Only
		For questions about this form, go to www.sos	s.ca.gov/business/be/filir	ng-tips.htm
Corpora	ctions		ss/be/name-availability.htm for	general corporate name requirements
1		e name of the corporation is Boron Alive!		
Corpora	, or if	Purpose (Item 2a: Check one or both boxes. Item 2b; The specific purpose you intend to apply for tax-exempt status in California.)		
2	a. This corporation is a nonprofit Public Benefit Corporation and is not organized for the private gain of any person. It is organized under the Nonprofit Public Benefit Corporation Law for: J public purposes. Charitable purposes.			
	b.	The specific purpose of this corporation is to improve the	quality of life of all	Boron, CA residents.
in case vi	our c	Process (List a California resident or an active 1505 corporation in Califorporation is sued. You may list any adult who lives in California. You may 1505 corporation as the address for service of process is already on file.) Lynn Austin	ornia that agrees to be your in not list your own corporation	itial agent to accept service of process as the agent. Do not list an address if
3	a.	Agent's Name		
	b.	10000 D 1 Cl -1	Boron	CA 93516
	υ.	Agent's Street Address (if agent is not a corporation) - Do not list a P.O. Box	City (no abbreviations)	State Zip
Corpor	ate	Addresses		
4		12688 Daisy Street	Boron	CA 93516
	۵.	Initial Street Address of Corporation- Do not list a P.O. Box	City (no abbreviations)	State Zip
	b.			Ct-te 7io
		Initial Mailing Address of Corporation, if different from 4a	City (no abbreviations)	State Zip
Additio	d une	Statements (The following statements are required to obtain tax exemples are Internal Revenue Code section 501(c)(3). Note: Corporations seeking of	ther types of tax exemptions s	nould not use this lorm.)
(5)	magning of Internal Revenue Code section 501(c)(3)			
		 b. No substantial part of the activities of this corporation shall consist of carrying on propaganda, or otherwise attempting to influence legislation, and this corporation shall not participate or intervene in any political campaign (including the publishing or distribution of statements) on behalf of any candidate for public office. c. The property of this corporation is irrevocably dedicated to the purposes in Article 2a hereof and no part of the net income or assets of this corporation shall ever inure to the benefit of any director, officer or member thereof or to the benefit of any private person. 		
	d.	d. Upon the dissolution or winding up of this corporation, its assets remaining after payment, or provision for payment, or all debts and liabilities of this corporation shall be distributed to a nonprofit fund, foundation or corporation which is organized and operated exclusively for charitable, educational and/or religious purposes and which has established its tax-exempt status under Internal Revenue Code section 501(c)(3).		
This fo letter-si	rm r	must be signed by each incorporator. If you need more spa paper (8 1/2" x 11"). All attachments are made part of these article	ce, attach extra pages the soft incorporation.	nat are 1-sided and on standard
	1	11	n Austin	
1	//	A POT CARROW	n Austin nt your name here	the second of th
Theo	por	gital - digit field		2 22
Make cl	neck		Mail	Drop-Off Secretary of State
Upon fil	ing, v	ent for free and will certify the copy upon Business Entitle	ry of State s, P.O. Box 944260	1500 11th Street, 3rd Floor Sacramento, CA 95814

Sacramento, CA 94244-2600

request and payment of a \$5 certification fee.

Sacramento, CA 95814



I hereby certify that the foregoing transcript of page(s) is a full, true and correct copy of the original record in the custody of the California Secretary of State's office,

JAN 1 2 2015 (14)

Date:_

ALEX PADILLA, Secretary of State