



Filed
Secretary of State
State of Washington
Date Filed: 11/05/2019
Effective Date: 11/05/2019
UBI #: 604 536 745

ARTICLES OF INCORPORATION

UBI NUMBER

UBI Number:
604 536 745

BUSINESS NAME

Business Name
WESTBROOK HOMEOWNERS ASSOCIATION

PURPOSE OF CORPORATION

HOMEOWNERS ASSOCIATION

PURPOSE OF CORPORATION - STAFF CONSOLE CONFIRMATION

Customer provided purpose of corporation? - **Yes**

ANY OTHER PROVISIONS

Required by IRS for Tax Exempt Status <https://www.irs.gov/>:

REGISTERED AGENT

Registered Agent Name	Street Address	Mailing Address
TODD LEABMAN	9505 19TH AVE SE STE 118, EVERETT, WA, 98208-3843, UNITED STATES	9505 19TH AVE SE STE 118, EVERETT, WA, 98208-3843, UNITED STATES

REGISTERED AGENT CONSENT

Customer provided Registered Agent consent? - **Yes**

DURATION

Duration:
PERPETUAL

EFFECTIVE DATE

Effective Date:

11/05/2019

INITIAL BOARD OF DIRECTOR

Title	Initial Board of Director Type	Entity Name	First Name	Last Name	Address
INITIAL BOARD OF DIRECTORS	INDIVIDUAL		TODD	LEABMAN	9505 19TH AVE SE STE 118, EVERETT, WA, 98208-3843, UNITED STATES

INCORPORATOR

Title	Incorporator Type	Entity Name	First Name	Last Name	Address
INCORPORATOR ENTITY		SAGE HOMES NORTHWEST, LLC			9505 19TH AVE SE STE 118, EVERETT, WA, 98208-3843, UNITED STATES

DISTRIBUTION OF ASSETS

UPON THE DISSOLUTION OF THE CORPORATION, THE NET ASSETS OF THE CORPORATION SHALL BEDISTRIBUTED AMONG PERSONS AND PARTIES HOLDING ITS MEMBERSHIPS IN PROPORTION TO THE NUMBER OF VOTES HELD BY THE RESPECTIVE MEMBERSHIPS.

DISTRIBUTION OF ASSETS PROVIDED

Customer provided information on distribution of assets? - **Yes**

RETURN ADDRESS FOR THIS FILING

Attention:

BENITA

Email:

LAMP@JMMLAW.COM

Address:

11201 SE 8TH ST STE 120, BELLEVUE, WA, 98004-6457, UNITED STATES

UPLOAD ADDITIONAL DOCUMENTS

Name	Document Type
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No Value Found.

UPLOADED DOCUMENTS

Document Type	Source	Created By	Created Date
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No Value Found.

EMAIL OPT-IN

I hereby opt into receiving all notifications from the Secretary of State for this entity via email only. I acknowledge that I will no longer receive paper notifications.

AUTHORIZED PERSON - STAFF CONSOLE

Document is signed.

Person Type:

ENTITY

First Name:

BENITA

Last Name:

LAMP

Entity Name:

JOHNS MONROE MITSUNAGA KOLOUSKOVA

Title:

PARALEGAL