

**State of California**  
**Secretary of State**

**CERTIFICATE OF REGISTRATION OF  
UNINCORPORATED NONPROFIT ASSOCIATION**

**Association Reg. No. 18682**

I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, do hereby certify that, in accordance with the application filed in this office, the ASSOCIATION named below has been registered.

Name of Association: SCAFG DISTRICT 33

Address: 170 E COLLEGE ST PO BOX 4623 COVINA CA 91723

Insignia: N/A

Date of Registration: 08/19/2022



IN WITNESS WHEREOF, I execute  
this certificate and affix the Great  
Seal of the State of California this  
day of August 26, 2022.

A handwritten signature in black ink, appearing to read "Shirley N. Weber", followed by a horizontal line.

SHIRLEY N. WEBER, Ph.D.  
Secretary of State

TJD



# State of California

## Secretary of State

REG. NO.

14682

**FILED**  
Secretary of State  
State of California

AUG 19 2022

### REGISTRATION OF UNINCORPORATED NONPROFIT ASSOCIATION

PURSUANT TO CALIFORNIA CORPORATIONS CODE SECTION 21300

**Instructions:**

1. Include filing fee of \$10.00 per box checked below.
2. Certification Fee (Optional) - \$5.00

Association includes any lodge, order, beneficial association, fraternal or beneficial society, historical, military, or veterans organization, labor union, foundation, or federation, or any other society, organization, or association, or degree, branch, subordinate lodge, or auxiliary thereof.

**Registration For:**

Name



Insignia



Alteration



Cancellation

**Association Name**

SCAFG District 33

**Street or Mailing Address**

170 E College St PO Box 4623

**City and State**

Covina CA

**Zip Code**

91723

**Nature of Alteration (If Any):**

Description of Insignia, which may include badge, motto, button, decoration, charm, emblem, or rosette:

**Attach Facsimile:**

I declare under penalty of perjury under the laws of the State of California that I am a chief officer of the association; that I am authorized to act on behalf of the association with respect to completing and submitting this application; that the information contained in this application is true and correct.

8/15/22

Date

Signature of Additional Officer (Optional)

Date

Typed Name and Title