

Business Entities Submission Cover Sheet

For fastest service, file online at <u>bizfileOnline.sos.ca.gov</u>.

Instructions:

- Complete and include this form with your paper submission. This form will not be made part of the filed document.
- Make all checks or money orders payable to the Secretary of State.
- In-person submissions (excluding Statements of Information): \$15 special handling fee. Do not include a \$15 special handling fee when submitting documents by mail.
- All submissions are reviewed in the date order of receipt, with online submissions given priority. For updated processing time information, visit <u>www.sos.ca.gov/business/be/processing-dates</u>.
- To obtain a certified copy, include certification fees with your submission.

Note: All correspondence related to your submission will be sent to the name and address on your check or money order.

Contact Person (Please type or print legibly):

First Name:	Last Name:			
Phone Number:	Email:			
Entity Information (Please type or print legibly):				
Entity Name:				
Entity Number (if applicable):				
Comments:				

Secretary of State	ARTS-CID					
Articles of Incorporation of a Common Interest Development Associa						
Filing Fee - \$30.00						
Certified Copy Fee (Optional) - \$5.00						
<i>Note:</i> A separate California Franchise Tax Board application is required to obtain tax exempt status. For more information, go to <u>https://www.ftb.ca.gov/.</u>						
		This Space For Office Use Only				
1. Corporate Name (Go to <u>www.sos.ca.gov/business/be/name-re</u>	eservations for general of	orporate name requ	irements and res	trictions.)		
The name of the corporation is						
2. Business Addresses (Enter the complete business address	ses. Item 2a cannot be a	P.O.Box or "in care	of" an individual	or entity.))	
a. Initial Street Address of Corporation - Do not enter a P.O. Box	City (no abbreviat	City (no abbreviations)		Zip Code		
b. Initial Mailing Address of Corporation, if different than item 2a	City (no abbreviat	y (no abbreviations)		Zip Coo	Zip Code	
c. Business or Corporate Office of Common Interest Development, if any	City (no abbreviat	City (no abbreviations)		Zip Coo	de	
d. Front street and nearest cross street for the physical location of the comm	on interest development, i	f Item 2c is not physic	ally on site			
 Service of Process (Must provide either Individual OR Corpor INDIVIDUAL – Complete Items 3a and 3b only. Must include agent 		ia street address.				
a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Nan	ne	Suffix		
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbrevia	tions)	State CA	Zip Coo	de	
CORPORATION – Complete Item 3c. Only include the name of the	e registered agent Corpo	ration.				
c. California Registered Corporate Agent's Name (if agent is a corporation) -	Do not complete Item 3a	or 3b				
4. Managing Agent, if any						
a. First Name of Managing Agent	Middle Name	Last Nan	Last Name		Suffix	
b. Address of Managing Agent	City (no abbrevia	tions)	State	Zip Coo	de	
5. Purpose Statement (Check the applicable box. Only one box	x may be checked)					
This corporation is a nonprofit Mutual Benefit Corporation organiz this corporation is to engage in any lawful act or activity, other than such law. This corporation is an association formed to manage a co	credit union business, f	or which a corpora				
DAVIS-STIRLING COMMON INTEREST DEVELOPMENT ACT (C	CALIFORNIA CIVIL COE	E SECTION 4000 E	ET SEQ.).			
COMMERCIAL AND INDUSTRIAL COMMON INTEREST DEVEL			SECTION 6500 E	ET SEQ.).		
6. Additional Statements (The following statements are for tax	c-exempt status in Califo	rnia.)				
a. The specific purpose of this corporation is to						
b. Notwithstanding any of the above statements of purposes and po in any activities or exercise any powers that are not in furtherance				l degree,	, engage	
7. Read and Sign Below (This form must be signed by each	incorporator. Do not inc	clude a title.)				