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 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 https://www.ftb.ca.gov/businesses/exempt_organizations or call the California Franchise Tax Board at (916) 845-4171.

Note: Before submitting this form, you should consult with a private attorney for

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advice about your specific business needs.		2CC This Space For Office Use Only	
For questions about this forn	n, go to www.sos.ca.gov/b	usiness/be/filing-tips.htm	
Corporate Name (List the proposed corporate name. Go to www.	vw.sos.ca.gov/business/be/name-a	availability.htm for general corpo	rate name requirements
① The name of the corporation is _True Circle (Organization		
Corporate Purpose (Item 2a: Check one or both boxes. Item 2 purposes, or if you intend to apply for tax-exempt status in California.	2b: The specific purpose of the co.		
organized under the Nonprofit Public Benefit	Corporation Law for:	public purposes. \(\sqrt{ch}	aritable purposes
b. The specific purpose of this corporation is to	provide necessities to	nomeless and displ	aced people
Service of Process (List a California resident or an active 1505 in case your corporation is sued. You may list any adult who lives in the agent is a 1505 corporation as the address for service of process (3) a. Carolyn Armitage Agent's Name	California You may not list your	ees to be your initial agent to acount corporation as the agent. I	ccept service of process Oo not list an address if
b. 1809 Palos Verdes Drive West	Palos Verdes Es	tates c	A 90274
Agent's Street Address (if agent is not a corporation) - Do			ate Zip
Corporate Addresses			
4 a. 1809 Palos Verdes Drive West	Palos Verdes Es	states C	A 90274
Initial Street Address of Corporation- Do not list a P.O. Bo	ox City (no		ate Zip
b			
	* *	abbreviations) Sta	
Additional Statements (The following statements are required Tax Board under Internal Revenue Code section 501(c)(3). Note: Cor	rporations seeking other types of ta	ax exemptions should not use th	is form.)
 a. This corporation is organized and operated meaning of Internal Revenue Code section 50 b. No substantial part of the activities of this corto influence legislation, and this corporation publishing or distribution of statements) on bel 	propertion shall consist of care shall not participate or inter half of any candidate for pub	rying on propaganda, or ot vene in any political camp	herwise attempting aign (including the
 I he property of this corporation is irrevocable income or assets of this corporation shall even benefit of any private person. 	y dedicated to the purposes er inure to the benefit of any	s in Article 2a hereof and director, officer or member	er thereof or to the
 d. Upon the dissolution or winding up of this cor all debts and liabilities of this corporation short organized and operated exclusively for charit its tax-exempt status under Internal Revenue (all be distributed to a nonprobable educational and/or re	notif fund toundation or co	rnoration which is
This form must be signed by each incorporator. If you letter-sized paper (8 1/2" x 11"). All attachments are made particles and the size of the size o	need more space, attach ex rt of these articles of incorpora	ktra pages that are 1-sideotion.	d and on standard
Incorporator - Significance	Carolyn Armit		
	Print your name h	ere	
Make check/money order payable to: Secretary of State Upon filing, we will return one (1) uncertified copy of your	By Mail		op-Off
filed document for free, and will certify the copy upon request and payment of a \$5 certification fee.	Secretary of State Business Entities, P.O. Box 944 Sacramento, CA 94244-260	1260 1500 11th S	ary of State Street, 3rd Floor nto, CA 95814

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.

MAR 2 5 2016

Date:___

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ALEX PADILLA, Secretary of State