

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** filing 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 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 advice about your specific business needs.

FILED *cc*
Secretary of State
State of California

JUL 17 2015 *lmc*

1cc
This Space For Office Use Only

For questions about this form, go to www.sos.ca.gov/business/be/filing-tips.htm

Corporate Name (List the proposed corporate name. Go to www.sos.ca.gov/business/be/name-availability.htm for general corporate name requirements and restrictions.)

- ① The name of the corporation is Central Avenue Historic Business Improvement District

Corporate Purpose (Item 2a: Check one or both boxes. Item 2b: The specific purpose of the corporation must be listed if you are organizing for "public" purposes, or if 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: **public purposes.** **charitable purposes.**
- b. The specific purpose of this corporation is to _____

Service of Process (List a California resident or an active 1505 corporation in California that agrees to be your initial agent to accept service of process in case your corporation is sued. You may list any adult who lives in California. You may **not** list your own corporation as the agent. **Do not** list an address if the agent is a 1505 corporation as the address for service of process is already on file.)

- ③ a. Vivian Bowers

Agent's Name

- b. 2509 South Central Avenue Los Angeles CA 90011

Agent's Street Address (if agent is not a corporation) - Do not list a P.O. Box

City (no abbreviations)

State Zip

Corporate Addresses

- ④ a. 4301 South Central Avenue Los Angeles CA 90011

Initial Street Address of Corporation - Do not list a P.O. Box

City (no abbreviations)

State Zip

- b. _____

Initial Mailing Address of Corporation, if different from 4a

City (no abbreviations)

State Zip

Additional Statements (The following statements are required to obtain tax exemption from the Internal Revenue Service or the California Franchise Tax Board under Internal Revenue Code section 501(c)(3). Note: Corporations seeking other types of tax exemptions should not use this form.)

- ⑤ a. This corporation is organized and operated exclusively for the purposes set forth in **Article 2a** hereof within the meaning 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. Upon the dissolution or winding up of this corporation, its assets remaining after payment, or provision for payment, of 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 form must be signed by each incorporator. If you need more space, attach extra pages that are 1-sided and on standard letter-sized paper (8 1/2" x 11"). All attachments are made part of these articles of incorporation.


Incorporator - Sign here

Vivian Bowers

Print your name here

Make check/money order payable to: **Secretary of State**
Upon filing, we will return one (1) uncertified copy of your filed document for free, and will certify the copy upon request and payment of a \$5 certification fee.

By Mail
Secretary of State
Business Entities, P.O. Box 944260
Sacramento, CA 94244-2600

Drop-Off
Secretary of State
1500 11th Street, 3rd Floor
Sacramento, CA 95814



VM- Called 09/21/15
3808625
Secretary of State

Business Programs Division

Los Angeles Regional Office, 300 South Spring Street, Suite 12513, Los Angeles, CA 90013

Corporation - Document Filing Request Form

This document is being processed for: (This address will be used for corresponding with the corporation until a Statement of Information is filed. Please type or print legibly.)

Name: DALLA SOTELO
Address: 1100 SO. HOPE ST. #103
City/State/Zip: LA CA 90015
Attn: DALLA SOTELO

Date: 7-17-15
Phone #: (213)814-8212

Return Method:

Mail Back Pick Up

Corporation Name: (Please type or print legibly.)

CENTRAL AVENUE HISTORIC BUSINESS IMPROVEMENT DISTRICT

Special Instructions:

- In addition to the required filing fee, a \$15.00 special handling fee is applicable for processing a document delivered in person at the public counter. The document, along with the filing and special handling fees, can be dropped off and will be processed in order of the date received. Since processing times will vary, the "Mail Back" box can be checked to have the filing response returned by mail to the address provided above.
Note: If neither the "Mail Back" nor "Pick Up" box is checked, the filing response will be returned by mail.
- The \$15.00 special handling fee must be remitted by separate check for each submittal and will be retained whether the documents are filed or rejected.
- Please make both checks payable to the Secretary of State.
- If the document has been previously rejected, please include a copy of this request form upon resubmittal.

Secretary of State Use Only

T _____	COPIES _____	PGS _____				
\$ _____	ARTS <input type="checkbox"/>	S&DC <input type="checkbox"/>	STK <input type="checkbox"/>	NP <input type="checkbox"/>	CL _____	
CK <input type="checkbox"/>	MO <input type="checkbox"/>	CC <input type="checkbox"/>	NO _____			

Legal Review Notes:

Reviewer: _____

2015 JUL 17 PM 2:15