

Secretary of State 501(c)(3) Articles of Incorporation of a Nonprofit Public Benefit Corporation

IMPORTANT — Read Instructions before completing this form.

Filing Fee - \$30.00

Secretary of State
State of California
4786720
Filing Number
09/08/2021
Filing Date

Copy Fees - First page \$1.00; each attachment page \$0.50; Certification Fee - \$5.00 Note: A separate California Franchise Tax Board application is required to obtain tax exempt status. For more information, go to <a an="" care="" href="ftb://example.com/ftb:/</th><th rowspan=2 colspan=2>09/08/2021 Filing Date</th><th></th></tr><tr><td></td></tr><tr><td colspan=3>This Space For Office Use Only</td></tr><tr><td>1. Corporate Name (Go to www.sos.ca.gov/business/be/name-reser</td><td>vations for general corporate</td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td>***************************************</td></tr><tr><td>The name of the corporation is Martinez Area CERT Found</td><td>lation</td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td>-</td></tr><tr><td>2. Business Addresses (Enter the complete business addresses.</td><td>Item 2a cannot be a P.O.Bo</td><td>x or " in="" individu<="" of"="" td=""><td>al or entity.)</td><td></td>		al or entity.)				
		a. Initial Street Address of Corporation - Do not enter a P.O. Box 930 W. Arlington Street	City (no abbreviations) Martinez	State CA	Zip Cod	e
		b. Initial Mailing Address of Corporation, if different than item 2a	City (no abbreviations)	State		Zip Code
Service of Process (Must provide either Individual OR Corporation						
INDIVIDUAL – Complete Items 3a and 3b only. Must include agent's fu		t address.				
a. California Agent's First Name (if agent is not a corporation) Marta	Middle Name	Last Name		Suffix		
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	D City (no abbreviations)	Van Loan	State Zip Code			
930 W. Arlington Street	Martinez	CA				
CORPORATION – Complete Item 3c. Only include the name of the registered agent Corporation.						
c. California Registered Corporate Agent's Name (if agent is a corporation) - Do r	not complete Item 3a or 3b					
Item 4a: One or both boxes must be che	ecked.	V 1944				
4. Purpose Statement Item 4b: If "public" purposes is checked must enter the specific purpose	n Item 4a, or if you intend to in Item 4b.)	apply for tax-exempt statu	ıs in Californ	ia, you		
a. This corporation is a nonprofit public benefit corporation and is no	t organized for the private	e gain of any person. It	is organize	d under		
the Nonprofit Public Benefit Corporation Law for: public public	ourposes. Charital	ole purposes.				
b. The specific purpose of this corporation is to provide emerger	icy services support	to Martinez Police	Departme	ent.		
5. Additional Statements (See Instructions and Filing Tips.)			00.015-0			
 This corporation is organized and operated exclusively for the pur Revenue Code section 501(c)(3). 	poses set forth in Article	4 hereof within the mea	aning of Inte	ernal		
b. No substantial part of the activities of this corporation shall consist	t of carrying on propagan	da, or otherwise attemr	otina to influ	ience		
legislation, and this corporation shall not participate or intervene in statements) on behalf of any candidate for public office.	n any political campaign (including the publishing	or distribut	tion of		
c. The property of this corporation is irrevocably dedicated to the pur	poses in Article 4 hereo	f and no part of the net	income or a	esets		
of this corporation shall ever inure to the benefit of any director, of	ficer or member thereof of	or to the benefit of any r	rivata noro	on		
d. Upon the dissolution or winding up of this corporation, its assets re liabilities of this corporation shall be distributed to a nonprofit fund	foundation or corporation	n which is organized ar	d approtad			
exclusively for charitable, educational and/or religious purpose Revenue Code section 501(c)(3).	s and which has establish	hed its tax-exempt statu	s under Int	ernal		
6. Read and Sign Below (This form must be signed by each incor	porator. See Instructions	. Do not include a title \	***************************************			
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Signature

Type or Print Name