



JUL 14 2014

FILE NO. 1939262-0

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

**ARTICLES OF INCORPORATION
NONPROFIT CORPORATION**

Read the Instructions C011i

1. ENTITY NAME – see Instructions C011i for naming requirements – give the exact name of the corporation:

GVR FOUNDATION

2. CHARACTER OF AFFAIRS - briefly describe the character of affairs the corporation initially intends to conduct in Arizona. **NOTE** that the character of affairs that the corporation ultimately conducts is not limited by the description provided. *Organized solely for the purpose of promoting and conducting charitable and educational programs and activities that benefit the residents and community of Green Valley, Arizona, within the meaning of section 501 (c) (3) of the United States Internal Revenue Code.*

3. MEMBERS – check one: The corporation WILL have members.
 The corporation WILL NOT have members.

4. ARIZONA KNOWN PLACE OF BUSINESS ADDRESS:

4.1 Is the Arizona known place of business address the same as the **street address** of the statutory agent?

- Yes – go to number 5 and continue
 No – go to number 4.2 and continue

4.2 If you answered "No" to number 4.1, give the **physical or street address** (not a P.O. Box) of the known place of business of the corporation in Arizona:

Attention (optional)		
Address 1		
Address 2 (optional)		
City	State or Province	Zip
Country		

5. DIRECTORS - list the **name and business address** of each and every Director of the corporation. If more space is needed, check this box and complete and attach the Director Attachment form C082.

Kent J. Blumenthal, Ph.D., CAE							
Name 1070 S. Calle de Las Casitas				Name			
Address 1				Address 1			
Address 2 (optional) Green Valley		State or Province AZ	Zip 85622	Address 2 (optional)			
City Country	UNITED STATES	State or Province	Zip	City Country	State or Province	Zip	
Anne Waisman							
Name				Name			
Address 1				Address 1			
Address 2 (optional)				Address 2 (optional)			
City Country	UNITED STATES	State or Province	Zip	City Country	State or Province	Zip	
Barbara Mauser							
Name				Name			
Address 1				Address 1			
Address 2 (optional)				Address 2 (optional)			
City Country	UNITED STATES	State or Province	Zip	City Country	State or Province	Zip	

6. STATUTORY AGENT - see Instructions C011i

6.1 REQUIRED - give the name (can be an individual or an entity) and physical or street address (not a P.O. Box) in Arizona of the statutory agent:				6.2 OPTIONAL - mailing address in Arizona of statutory agent (can be a P.O. Box):			
Green Valley Recreation, Inc.							
Statutory Agent Name (required) Kent J. Blumenthal, CEO							
Attention (optional) 1070 S. Calle de Las Casitas				Attention (optional)			
Address 1				Address 1			
Address 2 (optional) City Green Valley		State AZ	Zip 85622	Address 2 (optional)		State	Zip
6.3 REQUIRED - the <u>Statutory Agent Acceptance</u> form M002 must be submitted along with these Articles of Incorporation.							

- 7. REQUIRED** - you must complete and submit with the Articles a **Certificate of Disclosure**.
The Articles will be rejected if the Certificate of Disclosure is not simultaneously submitted.
- 8. INCORPORATORS** - list the **name and address**, and the **signature**, of each and every incorporator - minimum of one is required. If more space is needed, check this box and complete and attach the **Incorporator Attachment** form C084.

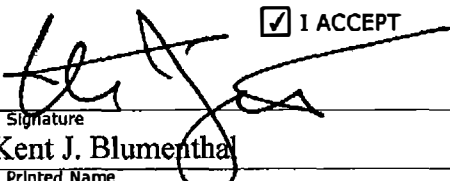
Kent J. Blumenthal, Ph.D., CAE

Name Kent J. Blumenthal, Ph.D., CAE		
Address 1 1070 S. Calle de Las Casitas		
Address 2 (optional)		
City Green Valley	State AZ	Zip 85622
Country UNITED STATES		

SIGNATURE - *see Instructions C0111:*

By checking the box marked "I accept" below, I acknowledge *under penalty of perjury* that this document together with any attachments is submitted in compliance with Arizona law.

I ACCEPT


Signature
Kent J. Blumenthal
Printed Name
Date: 7/11/14

IF SIGNING FOR AN ENTITY, CHECK ONE, FILL IN BLANK:

Corporation as Incorporator - I am signing as an officer or authorized agent of a corporation and its name is:

LLC as Incorporator - I am signing as a member, manager, or authorized agent of a **limited liability company**, and its name is:

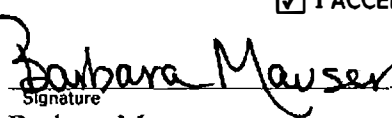
Barbara Mauser

Name Barbara Mauser		
Address 1		
Address 2 (optional)		
City	State AZ	Zip
Country		

SIGNATURE - *see Instructions C0111:*

By checking the box marked "I accept" below, I acknowledge *under penalty of perjury* that this document together with any attachments is submitted in compliance with Arizona law.

I ACCEPT


Signature
Barbara Mauser
Printed Name
Date: 7/11/14

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LLC as Incorporator - I am signing as a member, manager, or authorized agent of a **limited liability company**, and its name is:

Filing Fee: \$40.00 (regular processing)
Expedited processing - add \$35.00 to filing fee.
All fees are nonrefundable - see Instructions.

Mail: Arizona Corporation Commission
Corporate Filings Section
1300 W. Washington St., Phoenix, Arizona 85007
Fax: 602-542-4100

Please be advised that A.C.C. forms reflect only the **minimum** provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business.
All documents filed with the Arizona Corporation Commission are **public record** and are open for public inspection.
If you have questions after reading the Instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.

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INCORPORATOR ATTACHMENT

1. ENTITY NAME as listed on the Articles of Incorporation:

GVR FOUNDATION

2. INCORPORATORS - List the **name and address**, and provide the **signature**, of additional INCORPORATORS of the corporation. If more space is needed, use another Incorporator Attachment form C084.

Anne Waisman

Name

Address 1

Address 2 (optional)

AZ

City State Zip

UNITED STATES

Country

SIGNATURE: see Instructions C0101 or C0111:

By checking the box marked "I accept" below, I acknowledge *under penalty of perjury* that this document together with any attachments is submitted in compliance with Arizona law.

I ACCEPT

 7/10/14

Signature

Anne Waisman

Printed Name

Date

IF SIGNING FOR AN ENTITY, CHECK ONE, FILL IN BLANK:

Corporation as Incorporator - I am signing as an officer or authorized agent of a corporation and its name is:

LLC as Incorporator - I am signing as a member, manager, or authorized agent of a **limited liability company**, and its name is:

Name

Address 1

Address 2 (optional)

City State Zip

Country

SIGNATURE: see Instructions C0101 or C0111:

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I ACCEPT

Signature

Printed Name

Date

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