

Secretary of State 5010 Articles of Incorporation of a Nonprofit Public Benefit Corporation

ARTS-PB-501(c)(3)

IMPORTANT — Read Instructions before completing this form.

Filing Fee - \$30.00

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 https://www.ftb.ca.gov.

tax exempt status. For more information, go to https://www.ftb.ca.gu	exempt status. For more information, go to https://www.ftb.ca.gov. This Space For Office Use Only					
1. Corporate Name (Go to www.sos.ca.gov/business/be/name-availed	ability for general corporate i	name requirements ar	nd restri	ctions.)		
The name of the corporation is Berkeley Neighborhoods C	ouncil					
2. Business Addresses (Enter the complete business addresses.	Item 2a cannot be a P.O.Bo	x or "in care of" an inc	dividual	or entity.))	
a. Initial Street Address of Corporation - Do not enter a P.O. Box	City (no abbreviations)	State		Zip Code		
1 Hazel Road	Berkeley	CA		94705		
b. Initial Mailing Address of Corporation, if different than item 2a	City (no abbreviations)	ations) State		Zip Co	Zip Code	
Service of Process (Must provide either Individual OR Corporation INDIVIDUAL – Complete Items 3a and 3b only. Must include agent's full		at address.				
a. California Agent's First Name (if agent is not a corporation) Dean	Middle Name	Last Name Metzger			Suffix Mr	
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box 1 Hazel Road	City (no abbreviations) Berkeley			Zip Co. 9470!		
CORPORATION – Complete Item 3c. Only include the name of the reg	istered agent Corporation.					
c. California Registered Corporate Agent's Name (if agent is a corporation) – Do						
4. Purpose Statement Item 4a: One or both boxes must be character Item 4b: If "public" purposes is checked must enter the specific purpose a. This corporation is a nonprofit Public Benefit Corporation and is the Nonprofit Public Benefit Corporation Law for: public b. The specific purpose of this corporation is to Promote livablility	in Item 4a, or if you intend to e in Item 4b.)	gain of any person	-			
5. Additional Statements (See Instructions and Filing Tips.)				,		
 a. This corporation is organized and operated exclusively for the pure Revenue Code section 501(c)(3). b. No substantial part of the activities of this corporation shall consist legislation, and this corporation shall not participate or intervene is statements) on behalf of any candidate for public office. c. The property of this corporation is irrevocably dedicated to the purof this corporation shall ever inure to the benefit of any director, of the dissolution or winding up of this corporation, its assets a liabilities of this corporation shall be distributed to a nonprofit fund exclusively for charitable, educational and/or religious purpose Revenue Code section 501(c)(3). 	st of carrying on propagal in any political campaign rposes in Article 4 hereof fficer or member thereof remaining after payment, d, foundation or corporati	nda, or otherwise a (including the publi of and no part of the or to the benefit of or provision for pa on which is organiz	ttempti shing of e net in any pri yment, ted and	ng to inf or distrib come or ivate per of all de	duence ution of r assets rson. bbts and	
6. Read and Sign Below (This form must be signed by each inco	prporator. See Instruction	ns. Do not include a	title.)			
Men Mayor	-	Dean Metzger				
Signature	Type or Print	Name				



Mail Submission Cover Sheet

Instructions:

- Complete and include this form with your submission. This information only will be used to communicate with you in writing about the submission. This form will be treated as correspondence and will not be made part of the filed document.
- · Make all checks or money orders payable to the Secretary of State.
- Do not include a \$15 counter fee when submitting documents by mail.
- Standard processing time for **submissions** to this office is approximately 5 business days from receipt. All **submissions** are reviewed in the date order of receipt. For updated processing time information, visit www.sos.ca.gov/business/be/processing-times.

Optional Copy and Certification Fees:

Doc Submission Cover - Corp (Rev. 09/2016)

- · If applicable, include optional copy and certification fees with your submission.
- For applicable copy and certification fee information, refer to the instructions of the specific form you are submitting.

Contact Person: (Please type or print legibly)
First Name: DEAN Last Name: METZGER
Phone (optional): 510-549-0379
Entity Information: (Please type or print legibly) Name: BERKELEY NEIGHBOR HOODS COUNCIL
Entity Number (if applicable):
Comments:
Return Address: For written communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address.
Name: [DEAN METZGER]
Company:
Address: 1 HAZEL RoAD Secretary of State Use Only
City/State/Zip: LBERKELEY, CA 94705-2401 JAMEREON S