## ARTICLES OF INCORPORATION



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E-FILED

Aug 09, 2019

**OREGON SECRETARY OF STATE** 

# REGISTRY NUMBER

158333493

**TYPE** 

DOMESTIC NONPROFIT CORPORATION

1. ENTITY NAME

OREGON SPRINGFIELD LIONS FOUNDATION

2. MAILING ADDRESS

PO BOX 625

SPRINGFIELD OR 97477 USA

3. NAME & ADDRESS OF REGISTERED AGENT

JUDY POTTER 876 LEIGH ST

EUGENE OR 97401 USA

LOGENE ON 37401 OOA

4. INCORPORATORS

DALE FREDERICK HOWARD

1064 OAK MEADOWS PLACE

SPRINGFIELD OR 97477 USA

DALE BACHMAN

858 OLD ORCHARD LN

SPRINGFIELD OR 97477 USA

HENRY MILLER

235 17TH STREET

SPRINGFIELD OR 97477 USA

5. INITIAL PRESIDENT

HENRY MILLER

PO BOX 625 SPRINGFIELD OR 97477 USA

6. INITIAL SECRETARY

JUDY POTTER

PO BOX 625

SPRINGFIELD OR 97477 USA



#### 7. TYPE OF NONPROFIT CORPORATION

**Public Benefit** 

#### 8. MEMBERS?

Yes

#### 9. DISTRIBUTION OF ASSETS

Said corporation is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in the purpose clause hereof. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or (b) by a corporation, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said court shall determine, which are organized and operated exclusively for such purposes.

## 8. OPTIONAL PROVISIONS

The Corporation shall indemnify the directors, officers, agents and employees of the Corporation in the manner and to the full extent provided in the General Corporation Law of the State of Oregon. Such indemnification in addition to any other rights to which any person seeking indemnification may be entitled under any agreement, vote of the directors, any provision of these By-Laws or otherwise. The directors, officers, employees and agents of this Corporation shall be fully protected individually in making or refusing to make any payment or in taking or refusing to take any other action under this Article IV Section 15,16 and 17 in reliance upon the advice of counsel.

The corporation elects to indemnify its directors, officers, employees, agents for liability and related expenses under ORS 65.387 to 65.414.

## **OREGON SECRETARY OF STATE**

I declare as an authorized signer, that this filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

By typing my name in the electronic signature field, I am agreeing to conduct business electronically with the State of Oregon. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

## **ELECTRONIC SIGNATURE**

NAME

DALE HOWARD

TITLE

SECOND YEAR VICE-PRESIDENT

**DATE SIGNED** 

08-09-2019



## Virginia Howard <springfieldlionsclub@gmail.com>

# Payment Receipt - Oregon Business Filing

1 message

noreply@nicusa.com <noreply@nicusa.com>

Tue, Aug 6, 2019 at 3:01 PM

# **Payment Receipt Confirmation**

Your payment was successfully processed. You may print this receipt page for your records by selecting

# **Transaction Summary**

Description	Virginia Howard <apringited for<="" th=""><th>Amount</th></apringited>	Amount
Oregon Business Filing		\$50.00
Total Amount Paid		\$50.00

## **Customer Information**

**Customer Name** 

Dale Howard 158333493

Local Reference ID **Receipt Date** 

8/6/2019

**Receipt Time** 

03:01:10 PM PDT

# **Payment Information**

**Payment Type** 

Credit Card

**Credit Card Type** 

VISA

**Credit Card Number** 

\*\*\*\*\*7444

Order ID

92357994

**Billing Name** 

Dale Howard

## Billing Information

**Billing Address** 

1064 Oak Meadows Place

**Billing City, State** 

Springfield, OR

ZIP/Postal Code

97477

Country

US

**Phone Number** 

5417803127

This receipt has been emailed to the address

below.

**Email Address** 

springfieldlionsclub@gmail.com



Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - http://www.FilinglnOregon.com - Phone: (503) 986-2200

R	EGISTRY NUMBER:	*						
In ac	ccordance with Oregon Revised Statute must release this information to all part	e 192.410-192.490, the information ies upon request and it will be pos	n on this application is public record ted on our website.	1.	For office use only			
Plea	ase Type or Print Legibly in Black	Ink.						
1)	1) Entity Name:							
2)	2) STATE THE ARTICLE NUMBER(S): and set forth the article(s) as it is amended to read. (Attach a separate sheet if necessary.)							
	*							
3)	3) THE AMENDMENT WAS ADOPTED ON:							
_	(If more than one amendment was adopted, identify the date of adoption of each amendment.)							
4)	4) CHECK THE APPROPRIATE STATEMENT:							
	Membership approval was n	ot required. The amendment(s	s) was approved by a sufficient	vote of the board of directors	or incorporators.			
	☐ Membership approval was required.							
	The membership vote was as fol	lows:						
	Class(es) entitled to vote	Number of members entitled to vote	Number of votes entitled to be cast	Number of votes cast FOR	Number of votes cast AGAINST			
5)	EXECUTION: (Must be signed by at least one officer or director.)  By my signature, I declare as an authorized authority, that this filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.  Signature:  Printed Name:  Title:							
	*							
CONTACT NAME: (To resolve questions with this filing.)		FEES Required Processing	Fee \$50					
PHONE NUMBER: (Include area code.)		No Fee for <b>Nonpro</b>	No Fee for Nonprofit Type Change.  Processing Fees are nonrefundable. Please make check payable to "Corporation Division."					
_	,		Free copies are avail	able at FilingInOregon.com, using the Bus	niness Name Search program.			

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