SECRETARY OF STATE



CORPORATE CHARTER

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that **NATIONAL ASSOCIATION OF WOMEN'S GYMNASTICS JUDGES**, did on March 2, 2012, file in this office the original Articles of Incorporation; that said Articles of Incorporation are now on file and of record in the office of the Secretary of State of the State of Nevada, and further, that said Articles contain all the provisions required by the law of said State of Nevada.



Certified By: Stephen Loff Certificate Number: C20120302-1577 You may verify this certificate online at http://www.nvsos.gov/ IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 5, 2012.

ROSS MILLER Secretary of State





ROSS MILLER Secretary of State 204 North Carson Street, Suite 4 Carson City, Nevada 89701-4520 (775) 684-5708 Website: www.nvsos.gov

040501

Articles of Incorporation Nonprofit Cooperative Corporation Without Stock (PURSUANT TO NRS 81.410 - 81.540)

Filed in the office of	Document Number 20120153471-96
Ross Miller Sccretary of State State of Nevada	Filing Date and Time 03/02/2012 11:13 AM
	Entity Number E0124192012-8

USE BLACK INK ONLY - DO	NOT HIGHLIGHT	AE	OVE SPACE IS FOR OFFICE USE O	
1. Name of Corporation	National Association of Women's Gymn	astics Judges		
2. Registered Agent for Service of Process: (check only one box)	Commercial Registered Agent: Name Noncommercial Registered Agent (name and address below)		osition with Entity	
	(name and address below) (name and address below) Lynn Scheib			
	Name of Noncommercial Registered Agent OR Name of Title of Office or Other Position with Entity			
	9928 Magic Dunes Av.	Las Vegas	Nevada 89149	
	Street Address	City	Zip Code	
	PO Box 530061			
	Mailing Address (if different from street address)	City	Nevada Zip Code	
3. Names, Addresses and Number of Board	1) Evelyn Chandler Name			
of Directors/Trustees: (must not be less than three members; attach additional page if necessary) 13252 Lakeshore Grove Dr. Street Address 2) Mary Lee Martin Name 10305 Chapala Pl N.E. Street Address 3) Betty Sroufe Name 2096 Rolling Hills Blvd.	Company and the second	Winter Garden	Fl 34787	
	Contraction to the second	City	State Zip Code	
	10305 Chapala Pl N.E.	Albuquerque	NM 87111	
	Street Address	City	State Zip Code	
	3) Betty Sroufe			
	2096 Rolling Hills Blvd.	Fairfield	OH 45014	
4.5	Street Address	City	State Zip Code	
4. Purpose: (required; attach additional page if necessary)	The purpose of the corporation shall be: To provide continual education for and professional standards for women's gymnastics judges			
5. Member Property Rights: (see instructions)	Member rights are equal	Λ	2	
i. Names, Addresses and Signatures of	1) Cindy McLane	Incorporator Signature	Mozare	
the original members, a majority of whom must be residents of this state)	209 S. Stephanie St.	Henderson	NV 89012	
	Address	City /	State Zip Code	
	2) Lynn Scheib	X Lens delle	,7 /	
	Name Incorporator Signature			
	9978 Magic Dunes Ave.	Las Vegas	NV 89149	
	Address	City C	A State A Zip Code	
	3) Evelyn Chandler Name Incorporator Signature			
	13252 Lakeshore Grove Dr.	Winter Garden	FL 34787	
	Address	City	State Zip Code	
ppointment of	I hereby accept appointment as Registered Agent for Authorized Signature of Registered Agent as Co.		2/9/12	

(NONPROFIT) INITIAL LIST OF OFFICERS, DIRECTORS AND REGISTERED AGENT OF

NATIONAL ASSOCIATION OF WOMEN'S GYMNASTICS JUDGES

NAME OF CORPORATION

FILE NUMBER E0124192012-8

FOR THE FILING PERIOD OF

MAR, 2012

TO

MAR, 2013

The entity's duly appointed registered agent in the State of Nevada upon whom process can be served is:

100203

LYNN SCHEIB 9928 MAGIC DUNES AVE. LAS VEGAS, NV 89149

A FORM TO CHANGE REGISTERED AGENT INFORMATION CAN BE FOUND ON OUR WEBSITE: www.nvsos.gov

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)

YOU MAY NOW FILE YOUR INITIAL LIST ONLINE AT www.nvsos.gov

IMPORTANT: Read instructions before completing and returning this form.

- Print or type names and addresses, either residence or business, for all officers and directors. A President, Secretary, Treasurer, or equivalent of and all Directors must be named. There must be at least one director. An Officer must sign the form. FORM WILL BE RETURNED IF UNSIGNED.
- 2. If there are additional officers, attach a list of them to this form.
- 3. Return the completed form with the \$25.00 filling fee. A \$50.00 penalty must be added for failure to file this form by the last day of the first month following the incorporation/initial registration with this office.
- 4. Nonprofit entities formed under NRS Chapters 80 and 81 without 501(c) nonprofit designation are required to maintain a state business license. Those with 501(c) designation must indicate by checking box below. For those requiring a State Business License, the fee is \$200.00.
- 5. Make your check payable to the Secretary of State. Your canceled check will constitute a certificate to transact business.
- 6. Ordering Copies: If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
- 7. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708.
- 8. Form must be in the possession of the Secretary of State on or before the last day of the first month following the initial registration date. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties.
 FILING FEE: \$25.00 LATE PENALTY: \$50.00

For NRS Chapter 80 and 81 nonprofit corporations: Pursuant to NRS Chapter 76, this entity is a 501(c) nonprofit entity and is exempt from the business license fee. Exemption code 002 NOTE: If claiming an exemption, a notarized Declaration of Eligibility form must be attached. Failure to attach the Declaration of Eligibility form will result in rejection, which could result in late fees. **EVELYN CHANDLER** PRESIDENT (OR EQUIVALENT OF) **ADDRESS** CITY STATE ZIP CODE 13252 LAKESHORE GROVE DR. WINTER GARDEN FI. 34787 NAME TITLE(S) MARY LEE MARTIN SECRETARY (OR EQUIVALENT OF) **ADDRESS** CITY STATE ZIP CODE 10305 CHAPALA PL. N.E. **ALBUQUERQUE** NM 87111 NAME TITLE(S) **BETTY SROUFE** TREASURER (OR EQUIVALENT OF) ADDRESS STATE ZIP CODE 2096 ROLLING HILLS BLVD **FAIRFIELD** OH 45014 NAME TITLE(S) CINDY LORD DIRECTOR ADDRESS CITY STATE ZIP CODE 9539 JANFREY WAY LA MESA CA 91942

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of NRS Chapter 76 and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

Title

Signature of Officer

PRESIDENT

Date

4/30/12

Nevada Secretary of State Initial List Nonprofit Revised: 7-5-11