

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that the filing requirements for the issuance of this certificate have been fulfilled.

CERTIFICATE OF INCORPORATION

SONICX FOUNDATION

Accordingly, the undersigned, by virtue of the authority vested in me by the law, hereby issues this Certificate.

I have affixed hereto the Great Seal of the State of Wyoming and duly executed this official certificate at Cheyenne, Wyoming on this **31st** day of **December, 2019**.



Filed Date: 12/31/2019

Edward A. Buchanan
Secretary of State

By: Jordyn Gray



Wyoming Secretary of State
 Herschler Building East, Suite 101
 122 W 25th Street
 Cheyenne, WY 82002-0020
 Ph. 307.777.7311
 Email: Business@wyo.gov

WY Secretary of State
FILED: 12/31/2019 08:59 AM
ID: 2019-000892295

Nonprofit Corporation Articles of Incorporation

1. Corporation name:

SONICX FOUNDATION

2. This corporation is a: (Check one appropriate category. You may refer to W.S. 17-19-1804 for definitions of these terms.)

Religious

Public Benefit

Mutual Benefit

3. Name and physical address of its registered agent:

*(The registered agent may be an individual resident in Wyoming or a domestic or foreign business entity authorized to transact business in Wyoming. The registered agent **must** have a physical address in Wyoming. If the registered office includes a suite number, it must be included in the registered office address. A Drop Box is not acceptable. A PO Box is acceptable if listed in addition to a physical address.)*

Name:

Wyoming Registered Agent

Address:

1621 Central Avenue
 Cheyenne, Wyoming 82001

(If mail is received at a Post Office Box, please list above in addition to the physical address.)

4. Mailing address of the nonprofit corporation:

1224 Mottarone Dr. Manteca, CA 95337

5. Principal office address:

1224 Mottarone Dr. Manteca, CA 95337

6. This corporation will have **OR** will not have members.

(The term "members" has a specific legal meaning which is that members elect, in a formal meeting, the board of directors. If your corporation has a board of directors which elects itself, then you do not have members. Members are not donors or volunteers.)



7. Provisions regarding the distribution of assets upon dissolution are:

(How will the assets be distributed if the nonprofit corporation is dissolved?)

Assets of the nonprofit corporation will be donated to St. Jude Children's Research Hospital, a not-for-profit, section 501 (c)(3) corporation located at 501 St. Jude Place Memphis, TN 38105 US.

8. The type of business the nonprofit corporation will be conducting:

This nonprofit corporation will be conducting educational services.

9. Name and address of each incorporator:

Name:

Address:

Kevin Dole	1224 Mottarone Dr. Manteca, CA 95337

10. Execution (all incorporators must sign):

Signature: 

Date: 12/10/2019
(mm/dd/yyyy)

Print Name: Kevin Dole

Signature: _____

Date: _____
(mm/dd/yyyy)

Print Name: _____

Signature: _____

Date: _____
(mm/dd/yyyy)

Print Name: _____

Signature: _____

Date: _____
(mm/dd/yyyy)

Print Name: _____

Signature: _____

Date: _____
(mm/dd/yyyy)

Print Name: _____

Signature: _____

Date: _____
(mm/dd/yyyy)

Print Name: _____

Contact Person: Kevin Dole

Daytime Phone Number: 916-539-9490

Email: kd@sonicx.org

(Email provided will receive annual report reminders and filing evidence)
May list multiple email addresses



Wyoming Secretary of State
 Herschler Building East, Suite 101
 122 W 25th Street
 Cheyenne, WY 82002-0020
 Ph. 307.777.7311
 Email: Business@wyo.gov

Consent to Appointment by Registered Agent


I, , registered office located at
(name of registered agent)

 voluntarily consent to serve

* *(registered office physical address, city, state & zip)*

as the registered agent for
(name of business entity)

I hereby certify that I am in compliance with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

Signature:  _____ Date:
(Shall be executed by the registered agent.) *(mm/dd/yyyy)*

Print Name: Daytime Phone:

Title: Email:

Registered Agent Mailing Address (if different than above):

***If this is a current registered agent changing their registered address on file, complete the following:**

Previous Registered Office(s):

I hereby certify that:

- After the changes are made, the street address of my registered office and business office will be identical.
- This change affects every entity served by me and I have notified each entity of the registered office change.
- I certify that the above information is correct and I am in compliance with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

Signature: _____ Date:
(Shall be executed by the registered agent.) *(mm/dd/yyyy)*