



BARBARA K. CEGAVSKE  
Secretary of State  
202 North Carson Street  
Carson City, Nevada 89701-4201  
(775) 684-5708  
Website: [www.nvsos.gov](http://www.nvsos.gov)  
[www.nvsilverflume.gov](http://www.nvsilverflume.gov)

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ABOVE SPACE IS FOR OFFICE USE ONLY

## Formation - Nonprofit Corporation

NRS 82 - Articles of Incorporation Nonprofit     NRS 81.010 - Formation of Nonprofit Cooperative Corporation With or Without Stock     NRS 81.170-81.270 - Articles of Cooperative Association

NRS 80 - Foreign Nonprofit Corporation     NRS 81.410 - Articles of Incorporation Nonprofit Cooperative Corporation Without Stock

TYPE OR PRINT - USE DARK INK ONLY - DO NOT HIGHLIGHT

**1. Name of Entity:**  
(If foreign, name in home jurisdiction)

City View Executive Homes Community Association

**2. Registered Agent for Service of Process:** (Check only one box)

Commercial Registered Agent (name only below)

Noncommercial Registered Agent (name and address below)

Office or Position with Entity (title and address below)

Leach Kern Gruchow Anderson Song

Name of Registered Agent OR Title of Office or Position with Entity

Street Address      City      Zip Code

Street Address      City      Zip Code

Mailing Address (if different from street address)      City      Zip Code

**2a. Certificate of Acceptance of Appointment of Registered Agent:**

I hereby accept appointment as Registered Agent for the above named Entity. If the registered agent is unable to sign the Articles of Incorporation, submit a separate signed Registered Agent Acceptance form.

*Shauna A. K.*      Date: *12.21.2020*

Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity

**3. Names and Addresses of the Board of Directors, Member, or Trustees**

(NRS 81.410 must not be less than three members, see instructions)

1)  Shauna Olsen      USA      Country

Name      4000 Odile Court      Reno      nv      89511

Street Address      City      State Zip/Postal Code

2)  Ryan Dustin      USA      Country

Name      1950 Meadow View Lane      Reno      nv      89509

Street Address      City      State Zip/Postal Code

3)  Shauna Olsen      USA      Country

Name      4000 Odile Court      Reno      nv      89511

Street Address      City      State Zip/Postal Code

**4. Jurisdiction of Incorporation:** (NRS 80 only)

4a. Jurisdiction of incorporation:

4b. I declare this entity is in good standing     

in the jurisdiction of its incorporation.

**5. Authorized Shares:**

(Number of shares corporation is authorized to issue, NRS 80 and NRS 81.010)

Number of common shares with Par value:

Par value: \$

Number of preferred shares with Par value:

Par value: \$

Number of shares with no par value:

If a Nonprofit Entity: (NRS 80 only)

This is a nonprofit entity with authorized stock, as listed above.

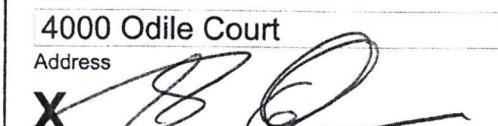
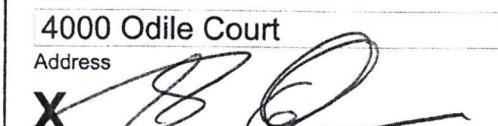
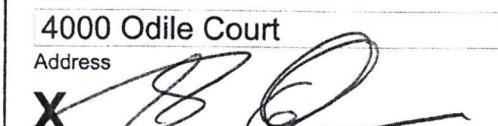
This entity is a nonprofit, non-stock corporation.



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## Formation - **Non-Profit Corporation**

Continued, Page 2

<b>6. Benefit Corporation:</b> (For NRS 81.010, optional. See instructions.)	By selecting "Yes" you are indicating that the corporation is organized as a benefit corporation pursuant to NRS Chapter 78B with a purpose of creating a general or specific public benefit. The purpose for which the benefit corporation is created must be disclosed in the below purpose field.	<input checked="" type="checkbox"/> Yes																														
<b>7. Purpose:</b> (Required, see instructions.)	To operate as an association pursuant to NRS 116																															
<b>8. Member Property Rights:</b> (NRS 81.010, see instructions)	The property rights and interest of each member are: <input type="checkbox"/> Equal <b>OR</b> <input type="checkbox"/> Unequal																															
<b>9. Member Property Rights:</b> (NRS 81.410, see instructions)	The voting power and the property rights and interest of each member are: <input type="checkbox"/> Equal <b>OR</b> <input type="checkbox"/> Unequal																															
<b>10. Term:</b> (NRS 81.010, 81.170-81.270, 81.410 may be perpetual)	Latest date upon which the corporation is to exist: (if existence is not perpetual)	<b>11. Equal Interest Rights:</b> (NRS 81.170-81.270) The interest and right of each member therein is to be equal.																														
<b>12. Membership Fee:</b> (NRS 81.170-81.270, must be completed)	The membership fee is \$ <input type="text"/> per member. Each member signing the articles has paid the fee and their interests and rights are equal.																															
<b>13. Name, Address and Signature of:</b>  NRS 80 Name, title and signature making the statement.  NRS 81.010 Name, address and signature of three or more of the original members, a majority of whom must be residents of this state.  NRS 81.410 and 82 Name, address and signature of the incorporator(s).  NRS 81.170 Must be signed by the original associates or members.	<p>I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct 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.</p> <p><b>Dr. Shauna Olsen</b></p> <table> <tr> <td>Name</td> <td>Country</td> </tr> <tr> <td>4000 Odile Court</td> <td>Reno</td> </tr> <tr> <td>Address</td> <td>City</td> </tr> <tr> <td></td> <td>nv</td> </tr> <tr> <td></td> <td>89511</td> </tr> <tr> <td></td> <td>State</td> </tr> <tr> <td></td> <td>Zip/Postal Code</td> </tr> </table> <p><b>X</b> _____</p> <table> <tr> <td>Name</td> <td>Country</td> </tr> <tr> <td>Address</td> <td>City</td> </tr> <tr> <td></td> <td>State</td> </tr> <tr> <td></td> <td>Zip/Postal Code</td> </tr> </table> <p><b>X</b> _____</p> <table> <tr> <td>Name</td> <td>Country</td> </tr> <tr> <td>Address</td> <td>City</td> </tr> <tr> <td></td> <td>State</td> </tr> <tr> <td></td> <td>Zip/Postal Code</td> </tr> </table>		Name	Country	4000 Odile Court	Reno	Address	City		nv		89511		State		Zip/Postal Code	Name	Country	Address	City		State		Zip/Postal Code	Name	Country	Address	City		State		Zip/Postal Code
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**AN INITIAL LIST OF OFFICERS MUST ACCOMPANY THIS FILING**

**Please include any required or optional information in space below:  
(attach additional page(s) if necessary)**



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## Registered Agent Acceptance/Statement of Change

(PURSUANT TO NRS 77.310, 77.340, 77.350, 77.380)

TYPE OR PRINT - USE DARK INK ONLY - DO NOT HIGHLIGHT

<b>1. Entity information:</b> Name of represented entity: <b>City View Executive Homes Community Association</b> Entity or Nevada Business Identification Number (NVID): (for entities currently on file)	
<b>2. Registered Agent Acceptance:</b> <input checked="" type="checkbox"/> Registered Agent Acceptance	
<b>3. Information Being Changed:</b> Statement of Change takes the following effect: (select only one) <input type="checkbox"/> Appoints New Agent (complete section 5) <input type="checkbox"/> Update Represented Entity Acting as Registered Agent (complete sections 5) <input type="checkbox"/> Update Registered Agent Name (complete sections 4 & 5) <input type="checkbox"/> Update Registered Agent Address (complete sections 4 & 5)	
<b>4. Registered Agent Information Before the Change: (Non-commercial registered agents ONLY)</b> Leach Kern Gruchow Anderson Song Name of Registered Agent OR Title of Office or Position with Entity Street Address _____ City _____ Nevada _____ Zip Code _____ Mailing Address (if different from street address) _____ City _____ Nevada _____ Zip Code _____	
<b>5. Newly Appointed Registered Agent or Registered Agent Information After the Change:</b> <input checked="" type="checkbox"/> Commercial Registered Agent:(name only below) <input type="checkbox"/> Noncommercial Registered Agent (name and address below) <input type="checkbox"/> Office or Position with Entity (title or position and address below) Leach Kern Gruchow Anderson Song Name of Registered Agent OR Title of Office or Position within Entity Street Address _____ City _____ Nevada _____ Zip Code _____ Mailing Address (if different from street address) _____ City _____ Nevada _____ Zip Code _____	
<b>6. Electronic Notification: (Optional)</b> Email address for electronic notifications for "Non-Commercial" or "Office or Positions with Entity" registered agents only: _____	
<b>7. Certificate of Acceptance of Appointment of Registered Agent: (Required)</b> <i>I hereby accept appointment as Registered Agent for the above named Entity.</i>  <input checked="" type="checkbox"/> _____ Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity _____ Date _____	
<b>8. Signature of Represented Entity: (Required)</b>  <input checked="" type="checkbox"/> _____ Authorized Signature On Behalf of the Entity _____ Date _____ <b>12-21-20</b>	

**FEE: \$60.00**

This form must be accompanied by appropriate fees.

State of Nevada  
Department of Business and Industry  
Real Estate Division

## HOMEOWNER ASSOCIATION REGISTRATION CERTIFICATION

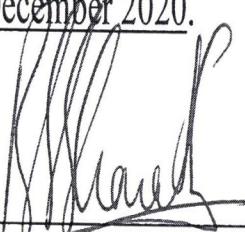
This shall serve as verification of registration of City View Executive Homes Community Association with the Office of the Ombudsman for Common-Interest Communities, as mandated by Nevada Revised Statutes (NRS) chapters 78, 82, 87 and 88.

This registration certification expires December 22, 2021.

Certified this 22<sup>nd</sup> day of December 2020.



Ombudsman for Common-Interest Communities



Administrator, Real Estate Division