

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

## ARTICLES OF INCORPORATION NONPROFIT CORPORATION

Read the Instructions C011i

- 1. ENTITY NAME** – see Instructions C011i for naming requirements – give the exact name of the corporation:

National Drug and Alcohol Screening Association

- 2. CHARACTER OF AFFAIRS** - briefly describe the character of affairs the corporation initially intends to conduct in Arizona. **NOTE** that the character of affairs that the corporation ultimately conducts is not limited by the description provided.

Please see attached.

- 3. MEMBERS – check one:** ☒ The corporation WILL have members.  
☐ The corporation WILL NOT have members.

**4. ARIZONA KNOWN PLACE OF BUSINESS ADDRESS:**

- 4.1** Is the Arizona known place of business address the same as the **street address** of the statutory agent?

- ☐ Yes – go to number 5 and continue  
☒ No – go to number 4.2 and continue

- 4.2** If you answered “No” to number 4.1, give the **physical or street address** (not a P.O. Box) of the known place of business of the corporation in Arizona:

Attention (optional)		
2303 North 44th Street, Suite 14-1249		
Address 1		
Address 2 (optional)		
Phoenix	Arizona	85008
City	State or Province	Zip
Country	United States	

**5. DIRECTORS** - list the **name and business address** of each and every Director of the corporation. If more space is needed, check this box ☐ and complete and attach the Director Attachment form C082.

Mary Jo McGuire				Renee Schofield			
Name 2303 North 44th Street, Suite 14-1249				Name 2303 North 44th Street, Suite 14-1249			
Address 1				Address 1			
Address 2 (optional) Phoenix		Arizona	85008	Address 2 (optional) Phoenix		Arizona	85008
City	United States	State or Province	Zip	City	United States	State or Province	Zip
Country				Country			
Gina Kesler				Janet Kornmann			
Name 2303 North 44th Street, Suite 14-1249				Name 2303 North 44th Street, Suite 14-1249			
Address 1				Address 1			
Address 2 (optional) Phoenix		Arizona	85008	Address 2 (optional) Phoenix		Arizona	85008
City	United States	State or Province	Zip	City	United States	State or Province	Zip
Country				Country			
Charles Marting				Cathleen Drew			
Name 2303 North 44th Street, Suite 14-1249				Name 2303 North 44th Street, Suite 14-1249			
Address 1				Address 1			
Address 2 (optional) Phoenix		Arizona	85008	Address 2 (optional) Phoenix		Arizona	85008
City	United States	State or Province	Zip	City	United States	State or Province	Zip
Country				Country			

**6. STATUTORY AGENT** – *see Instructions C011i*

<b>6.1 REQUIRED</b> – give the <b>name</b> (can be an individual or an entity) <b>and physical or street address</b> (not a P.O. Box) in Arizona of the statutory agent:			<b>6.2 OPTIONAL</b> – mailing address in Arizona of statutory agent (can be a P.O. Box):		
United States Corporation Agents, Inc.					
Statutory Agent Name (required)					
Attention (optional) 17470 N. Pacesetter Way			Attention (optional)		
Address 1			Address 1		
Address 2 (optional)		AZ	85255	Address 2 (optional)	
City	Scottsdale	State	Zip	City	State Zip
<b>6.3 REQUIRED</b> - the <u>Statutory Agent Acceptance</u> form M002 must be submitted along with these Articles of Incorporation.					

- 7. INCORPORATORS** - list the **name and address**, and the **signature**, of each and every incorporator - minimum of one is required. If more space is needed, check this box  
☐ and complete and attach the Incorporator Attachment form C084.

Mary Jo McGuire

Name

2303 North 44th Street, Suite 14-1249

Address 1

Address 2 (optional)

Phoenix

Arizona 85008

City

United States

State

Zip

Country

**SIGNATURE** - see Instructions C011i:

By checking the box marked "I accept" below, I acknowledge *under penalty of perjury* that this document together with any attachments is submitted in compliance with Arizona law.

☒ I ACCEPT

Signature

Mary Jo McGuire

Printed Name

Date

01/31/18

**IF SIGNING FOR AN ENTITY, CHECK ONE, FILL IN BLANK:**

☐ **Corporation as Incorporator** - I am signing as an officer or authorized agent of a corporation and its name is:

☐ **LLC as Incorporator** - I am signing as a member, manager, or authorized agent of a **limited liability company**, and its name is:

Name

Address 1

Address 2 (optional)

City

State

Zip

Country

**SIGNATURE** - see Instructions C011i:

By checking the box marked "I accept" below, I acknowledge *under penalty of perjury* that this document together with any attachments is submitted in compliance with Arizona law.

☐ I ACCEPT

Signature

Printed Name

Date

**IF SIGNING FOR AN ENTITY, CHECK ONE, FILL IN BLANK:**

☐ **Corporation as Incorporator** - I am signing as an officer or authorized agent of a corporation and its name is:

☐ **LLC as Incorporator** - I am signing as a member, manager, or authorized agent of a **limited liability company**, and its name is:

Filing Fee: \$40.00 (regular processing)  
Expedited processing - add \$35.00 to filing fee.  
All fees are nonrefundable - see Instructions.

Mail: Arizona Corporation Commission  
Corporate Filings Section  
1300 W. Washington St., Phoenix, Arizona 85007  
Fax: 602-542-4100

Please be advised that A.C.C. forms reflect only the **minimum** provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business.  
All documents filed with the Arizona Corporation Commission are **public record** and are open for public inspection.  
If you have questions after reading the Instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.



## STATUTORY AGENT ACCEPTANCE

Please read Instructions M002i

1. **ENTITY NAME** – give the exact name in Arizona of the corporation or LLC that has appointed the Statutory Agent:

National Drug and Alcohol Screening Association

2. **A.C.C. FILE NUMBER** (if entity is already incorporated or registered in AZ):

Find the A.C.C. file number on the upper corner of filed documents OR on our website at: <http://www.azcc.gov/Divisions/Corporations>

3. **STATUTORY AGENT NAME** – give the exact name of the Statutory Agent appointed by the entity listed in number 1 above (this will be *either* an individual or an entity):

United States Corporation Agents, Inc.

- 3.1 **Check one box:** ☐ The statutory agent is an **Individual** (natural person).  
☒ The statutory agent is an **Entity**.

### STATUTORY AGENT SIGNATURE:

By the signature appearing below, the individual or entity named in number 3 above accepts the appointment as statutory agent for the entity named in number 1 above, and acknowledges that the appointment is effective until the entity replaces the statutory agent or the statutory agent resigns, whichever occurs first.

By checking the box marked "I accept" below, I acknowledge *under penalty of perjury* that this document together with any attachments is submitted in compliance with Arizona law.

☒ I ACCEPT

Cheyenne Moseley, Asst. Secretary

Signature

Printed Name

Date

### REQUIRED – check only one:

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Individual as statutory agent:</b> I am signing on behalf of myself as the individual | <input checked="" type="checkbox"/> <b>Entity as statutory agent:</b> I am signing on behalf of the entity named as statutory agent, and I am authorized to act for that entity. |
|---|--|

Filing Fee: none (regular processing)

Expedited processing – add \$35.00 to filing fee.

All fees are nonrefundable - see Instructions.

Mail: Arizona Corporation Commission - Corporate Filings Section  
1300 W. Washington St., Phoenix, Arizona 85007

Fax: 602-542-4100

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**CERTIFICATE OF DISCLOSURE***Read the Instructions C003i***1. ENTITY NAME** – give the exact name of the corporation in Arizona:

National Drug and Alcohol Screening Association

**2. A.C.C. FILE NUMBER** (if already incorporated or registered in AZ):Find the A.C.C. file number on the upper corner of filed documents OR on our website at: <http://www.azcc.gov/Divisions/Corporations>**3. Check only one of the following to indicate the type of Certificate:**

- ☒ Initial (accompanies formation or registration documents)
- ☐ Annual (credit unions and loan companies only)
- ☐ Supplemental to COD filed \_\_\_\_\_ (supplements a previously-filed Certificate of Disclosure)

**4. FELONY/JUDGMENT QUESTIONS:**

Has any person (a) who is currently an officer, director, trustee, or incorporator, or (b) who controls or holds over ten per cent of the issued and outstanding common shares or ten per cent of any other proprietary, beneficial or membership interest in the corporation been:

<b>4.1</b>	Convicted of a felony involving a transaction in securities, consumer fraud or antitrust in any state or federal jurisdiction within the seven year period immediately preceding the signing of this certificate?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>4.2</b>	Convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses or restraint of trade or monopoly in any state or federal jurisdiction within the seven-year period immediately preceding the signing of this certificate?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>4.3</b>	Subject to an injunction, judgment, decree or permanent order of any state or federal court entered within the seven-year period immediately preceding the signing of this certificate, involving any of the following: a. The violation of fraud or registration provisions of the securities laws of that jurisdiction; b. The violation of the consumer fraud laws of that jurisdiction; c. The violation of the antitrust or restraint of trade laws of that jurisdiction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>4.4</b>	If any of the answers to numbers 4.1, 4.2, or 4.3 are <b>YES</b> , you <b>MUST</b> complete and attach a <u>Certificate of Disclosure Felony/Judgement Attachment</u> form C004.		



**5. BANKRUPTCY QUESTION:**

<b>5.1</b> Has any person (a) who is currently an officer, director, trustee, incorporator, or (b) who controls or holds over twenty per cent of the issued and outstanding common shares or twenty per cent of any other proprietary, beneficial or membership interest in the corporation, served in any such capacity or held a twenty per cent interest in <b>any other corporation</b> (not the one filing this Certificate) on the bankruptcy or receivership <b>of the other corporation</b> ?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>5.2</b> If the answer to number 5.1 is <b>YES</b> , you <b>MUST</b> complete and attach a Certificate of <u>Disclosure Bankruptcy Attachment</u> form C005.		

**IMPORTANT:** If within 60 days of the delivery of this Certificate to the A.C.C. any person not included in this Certificate becomes an officer, director, trustee or person controlling or holding over ten per cent of the issued and outstanding shares or ten per cent of any other proprietary, beneficial or membership interest in the corporation, the corporation must submit a SUPPLEMENTAL Certificate providing information about that person, signed by all incorporators or by a duly elected and authorized officer.

**SIGNATURE REQUIREMENTS:**

Initial Certificate of Disclosure:	This Certificate must be signed by all incorporators. If more space is needed, complete and attach an <u>Incorporator Attachment</u> form C084.
Foreign corporations:	This Certificate may be signed by a duly authorized officer or by the Chairman of the Board of Directors.
Credit Unions and Loan Companies:	This Certificate must be signed by any 2 officers or directors.

Mary Jo McGuire

Name

2303 North 44th Street, Suite 14-1249

Address 1

Address 2

Phoenix

Arizona

85008

City

United States

State

Zip

Country

**SIGNATURE** - see Instructions C003i:

By checking the box marked "I accept" below, I acknowledge under penalty of perjury that this document together with any attachments is submitted in compliance with Arizona law.

☒ I ACCEPT

Signature

Mary Jo McGuire

Printed Name

01/31/18

Date

**REQUIRED - check only one:**

- ☒ **Incorporator** - I am an incorporator of the corporation submitting this Certificate.
- ☐ **Officer** - I am an officer of the corporation submitting this Certificate.
- ☐ **Chairman of the Board of Directors** - I am the Chairman of the Board of Directors of the corporation submitting this Certificate.
- ☐ **Director** - I am a Director of the credit union or loan company submitting this Certificate.

Name

Address 1

Address 2

City

State

Zip

Country

**SIGNATURE** - see Instructions C003i:

By checking the box marked "I accept" below, I acknowledge under penalty of perjury that this document together with any attachments is submitted in compliance with Arizona law.

☐ I ACCEPT

Signature

Printed Name

Date

**REQUIRED - check only one:**

- ☐ **Incorporator** - I am an incorporator of the corporation submitting this Certificate.
- ☐ **Officer** - I am an officer of the corporation submitting this Certificate.
- ☐ **Chairman of the Board of Directors** - I am the Chairman of the Board of Directors of the corporation submitting this Certificate.
- ☐ **Director** - I am a Director of the credit union or loan company submitting this Certificate.

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