# MCFARLAND CHAMBER OF COMMERCE

# Articles of Incorporation

Updated 2009, 2011





DFI/CORP/38 RECORD 1/11

### United States of America

State of Wisconsin



## DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, RAY ALLEN, Deputy Secretary, Department of Financial Institutions, do hereby certify that the annexed copy has been compared by me with the record on file in the Corporation Section of the Division of Corporate & Consumer Services of this department and that the same is a true copy thereof and the whole of such record; and that I am the legal custodian of said record, and that this certification is in due form.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department.

RAY ALLEN, Deputy Secretary Department of Financial Institutions

BY: Solve Have

DATE:

APR 2 7 2011

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.



Form 102 - Sec. State 1989

### NONSTOCK ARTICLES OF INCORPORATION

Executed by the undersigned for the purpose of forming a Wisconsin corporation under Chapter 181 of the Wisconsin Statutes, WITHOUT STOCK AND NOT FOR PROFIT.

Article 1.

The name of the corporation is McFarland Chamber of Commerce, Inc.

Article 2.

The period of existence shall be perpetual.

Article 3.

The purposes shall be to engage in any lawful activities authorized by Chapter 181 of the Wisconsin Statutes.

Article 4.

The principal office is located in Dane \_\_ County, Wisconsin.

The address of the principal office is P. O. Box 372 McFarland, WI 53558

The complete address, including street and number, if assigned, and the ZIP code, must be stated.

Article 5.

The name of initial registered agent is Howard Olson

Article 6.

The address of the initial registered agent is 5109 Falling Leaves Lane McFarland, WI 53558

The complete address, including street and number, if assigned, and the ZIP code, must be stated.

Laticle 7.

Third articles may be anended in the manner authorized my llaw at the time of amendment.

BPF 18 12:00AM #. # 198323 DCCRP 35

35.00



The name and address of incorporator (or incorporators) are:  NAME  ADDRESS (street & number, city, state & ZIP code)  Howard Olson  5109 Falling Leaves Lane, McFarland, WI	Article 8.  The number of directors shall be fixed by by-law but shall be not less than three.	OR.	Article 8. The number of directors shall be (State a definite number of at least three.)
At least 3, with complete address including street and number, if assigned, and the ZIP code.  Select ONE of the following. Cross out the ONE not selected. See instructions on page 4.  Article 10.  Membership Provisions will be set forth in the by-laws.  Ticle 11. (Other provisions, if any)  Ticle 12.  The name and address of incorporator (or incorporators) are:  NAME  ADDRESS (street & number, city, state & ZIP code)  Floward Olson  All incorporators  All incorporators  All incorporators  All incorporators  At least 3, with complete address including street Road McFarland, WI 53558  William Urban 230 South First Mt. Horse, WI 53572  William Urban 230 South First Mt. Horse, WI 53572  Article 10.  Membership Provisions are as follows:  A D D R E S S (street & number, city, state & ZIP code)  Floward Olson  All incorporators  All incorporators	22.5	tial	5009 Rustic Way
including street and number, if assigned, and the ZIP code.  Select ONE of the following. Cross out the ONE not selected. See instructions on page 4.  Article 10.  Membership Provisions will be set forth in the by-laws.  Article 11. (Other provisions, if amy)  A D D R E S S (street & number, city, state & ZIP code)  Howard Olson  All incorporators  William Urban 230 South First Mt. Horeb, WI 53572  William Urban 230 South First Mt. Horeb, WI 53572  William Urban 230 South First Mt. Horeb, WI 53572  William Urban 230 South First Mt. Horeb, WI 53572  William Urban 230 South First Mt. Horeb, WI 53572  William Urban 230 South First Mt. Horeb, WI 53572  William Urban 230 South First Mt. Horeb, WI 53572  William Urban 230 South First Mt. Horeb, WI 53572  Article 10.  Membership Provisions are as follows:  Anticle 10.  Membership Provisions are as follows:  For a D D R E S S (street & number, city, state & ZIP code)  Floward Olson  All incorporators			5313 Bremer Road
Article 10.  Membership Provisions will be set forth in the by-laws.  Article 11. (Other provisions, if any)  Article 12.  The name and address of incorporator (or incorporators) are:  NAME  ADDRESS (street & number, city, state & ZIP code)  Howard Olson  All incorporators  All incorporators  Article 10.  Membership Provisions are as follows:  ADDRESS (street & number, city, state & ZIP code)  Falling Leaves Lane, McFarland, WI  Howard Olson  All incorporators	including street and number, if		230 South First
Membership Provisions will be set forth in the by-laws.  OR Membership Provisions are as follows:  Tticle 11. (Other provisions, if any)  Tticle 12.  The name and address of incorporator (or incorporators) are:  NAME  ADDRESS (street & number, city, state & ZIP code)  Howard Olson  Story of April 1990.  All incorporators  All incorporators			
The name and address of incorporator (or incorporators) are:  NAME  ADDRESS (street & number, city, state & ZIP code)  Howard Olson  5109 Falling Leaves Lane, McFarland, WI  Executed in duplicate on the April 1990.  All incorporators	Membership Provisions will	OR	Membership Provisions are as
ADDRESS (street & number, city, state & ZIP code)  Howard Olson  5109 Falling Leaves Lane, McFarland, WI  Executed in duplicate on the April 19 90.  All incorporators	terere ii. (other provisions, ii a	ny)	
Executed in duplicate on the // day of April 19 90.  All incorporators	rticle 12.	W.	permorators) are:
Executed in duplicate on the // day of April 19 90.  All incorporators  All incorporators	rticle 12. The name and address of incorporate	or (or in	ADDRESS
Executed in duplicate on the 10 th day of April 19 90.  All incorporators  All incorporators	rticle 12. The name and address of incorporate	or (or in	ADDRESS & number, city, state & ZIP code)
Executed in duplicate on the 10 th day of April 19 90.  Howard Olson	rticle 12.  The name and address of incorporate  NAME  Howard Olson	or (or in	ADDRESS & number, city, state & ZIP code)
All incorporators  Howard Olson	rticle 12.  The name and address of incorporate NAME	or (or in	ADDRESS & number, city, state & ZIP code)
All incorporators	The name and address of incorporate  NAME  Howard Olson	or (or in	ADDRESS & number, city, state & ZIP code)
SIGN HERE	The name and address of incorporate  NAME  Howard Olson	or (or in	ADDRESS & number, city, state & ZIP code) alling Leaves Lane, McFarland, WI
	The name and address of incorporate  NAME  Howard Olson  Executed in duplicate on the	(street 5109 F	ADDRESS & number, city, state & ZIP code)  alling Leaves Lane, McFarland, WI  April, 19 90.
	The name and address of incorporate  NAME  Howard Olson  Executed in duplicate on the	(street 5109 F	ADDRESS & number, city, state & ZIP code)  alling Leaves Lane, McFarland, WI  April, 19 90.



NOTARY: In completing this section, please specifically name the individual(s) whose signature(s) you are witnessing. The name(s) you cite should agree in every particular with the printed or typewritten name(s) as it appears in Article 12. Affix your seal, sign and state commission expiration date.

STATE OF WISCONSIN	10070		
County of Dane S	- <del>- 1</del> 0		4.5
Personally came before r	ne this 10 that day of _	April	_A.D., 19 <u>90</u>
the aforenamed incorporator			
(2)	(3)	(4)	
to me known to be the person	on (s)- who executed the fo	regoing instrument	, and
acknowledged the same.	0 /0:	: J <del>acobs</del>	
	TO DA Mallin	1.	! !
My commission	Home C. Trauce	acus .	Notarial
expires is permanent.	Notary Public Signatu	re	Seal
	Lloyd A. Schneider		H 135
If a problem exists with the	e filing of this form, m t? If so, please provid	ay we call e us with	
a phone number at which you	can be reached during t	he day.	
(608) 838 - 410			
Submit a second and third o	hoice corporate name: T	his name	
would be entered in Article	1, if your first choice	corporate	
rame is unavailable. (2) (3)	McFarland, Wisconsi	n Chamber of Co	mmerce, Inc
PREPARATION, FEES AND TRA	MCMTYPPAT.		8
Prepare document in DUPLIC		cretary of State t	wo identical
aming of the articles of		address. Cornorat	

Secretary of State, P.O. Box 7846, Madison, WI 53707). One copy will be retained (filed) by Secretary of State and the other copy will be transmitted by the Secretary of State directly to the Register of Deeds of the county within which the

comporation's principal office is located, together with your check for the recording fee. When the recording has been accomplished, the document will be returned to the address you furnish on the back of this form.

Two (2) SEPARATE REMITTANCES must accompany the documents.

1) Send a FILING FEE of \$35 payable to SECRETARY OF STATE with the articles of incorporation. Your cancelled check is your receipt for fee payment.

2) Send a RECORDING FEE of \$10 (or more) payable to REGISTER OF DEEDS with the articles of incorporation. Recording fee for this standard form is \$10. If you append additional pages, add \$2 more recording fee for each additional page. Please furnish the fee for the Register of Deeds in check form to this office and we will transmit it to the Register of Deeds with the document for recording.

NOTE: Organizations expecting to apply to Internal Revenue Service for federal TAX-EXEMPT STAIUS are advised to obtain and read IRS Publication 557 "Tax-Exempt "tatus for Your Organization" before preparing articles of incorporation, as the promient must contain particular language and provisions to meet federal tax code reguirements. IRS Forms 1023, 1024 and 8718 explain the requirements, procedures ard fee for making application.

-SEE INSTRUCTIONS AND SUGGESTIONS ON BACK PAGE-



INSTRUCTIONS SUGGESTIONS AND

ARTICLES OF INCORPORATION Mail Returned Copy to:

(FILL IN THE NAME AND ADDRESS HERE)

Howard Olson 5109 Falling Leaves Lane McFarland, WI 53558

\$10.00 Dane Co

STATE OF WISCONSIN FILED

APR 2 0 1990

DOUGLAS LA FOLLETTE SECRETARY OF STATE

Article 1. The name must contain "Corporation", "Incorporated", or "Limited" or the abbreviation of one of those words.

Article 2. Insert "perpetual". You may insert any limitation desired, but not indefinite or a word to imply an indefinite status. Corporate existence begins as of the date that the articles of incorporation are approved for filing by the Secretary of State's office.

Article 3. May show definite purposes or may use language to the effect that the corporation may engage in any lawful activities authorized by Chapter 181 of the Wisconsin Statutes. (The statute expressly states that it is not necessary to enumerate the powers.)

Article 4. Give complete mailing address of the corporation's principal office in Wisconsin, including street name and number, city and ZIP code, and the COUNTY within which the office is located. P.O. Box addresses may be used.

Articles 5 and 6. The corporation must have a registered agent in Wisconsin. Be sure and show a complete address, including street and number, city and ZIP code for the registered agent. P.O. Box addresses may be included for mailing purposes.

Article 9. Sec. 181.20(2) provides that the initial board of directors shall be named in the articles of incorporation. The number of directors shall not be less than three. Please give addresses of the initial directors.

Article 10. If the membership provisions are set forth in the articles of incorporation (rather than in the by-laws), provide for A) method of accepting and discharging members; B) any denial or restriction of voting rights; and C) any classification of members, including the distinguishing features of each class. If the corporation is to have NO MEMBERS, strike out both imprinted Articles 10 and substitute the remark that "The corporation is to have no members," and further set forth the manner of election or appointment of directors.

Article 12. Have the INCORPORATOR SIGN before a Notary Public. The number of incorporators may be one or more, but all the incorporators listed in the articles must sign. Make sure that both of the copies have ORIGINAL SIGNATURES. Carbon copy, photocopy, or rubber stamp signatures are not acceptable.

Notary Public must SIGN AND AFFIX SEAL on both copies of the articles, and complete their statement in the area provided. Make sure that original signatures and seal impressions appear on both copies.

If the document is executed or acknowledged in Wisconsin, sec. 14.38(14) of the Wisconsin Statutes provides that it shall not be filed unless the name of the person findividual, who, or the governmental agency which, drafted it is printed, \*appewritter, stamped or written thereon in a legible manner.