state of Minnesota

SECRETARY OF STATE

CERTIFICATE OF INCORPORATION

I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: Articles of Incorporation, duly signed and acknowledged under oath, have been filed on this date in the Office of the Secretary of State, for the incorporation of the following corporation, under and in accordance with the provisions of the chapter of Minnesota Statutes listed below.

This corporation is now legally organized under the laws of Minnesota.

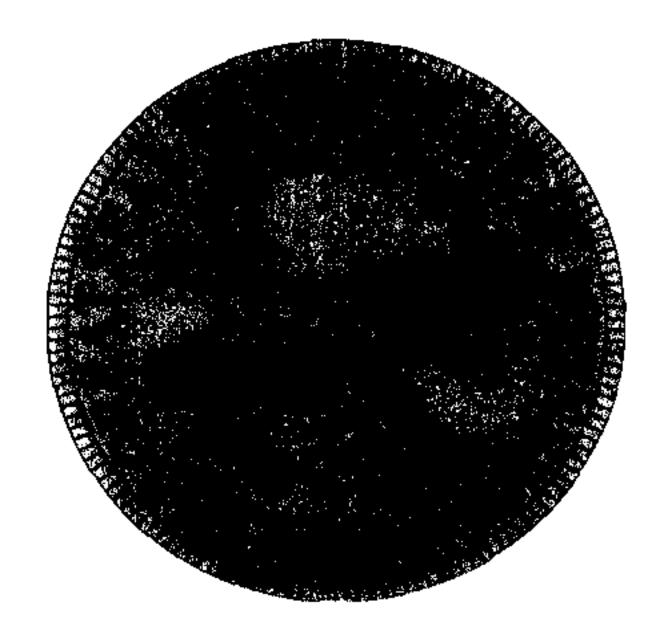
Corporate Name: Phillips West Neighborhood

Organization

Corporate Charter Number: 605873-2

Chapter Formed Under: 317A

This certificate has been issued on 08/27/2003.



Mary Hiffmuses

Secretary of State.



STATE OF MINNESOTA SECRETARY OF STATE



ARTICLES OF INCORPORATION **Business and Nonprofit Corporations**

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK.

Please read the directions on the reverse side before compl	leting this f	orm. All	information o	n this form is pu	blic informatio	n.
The undersigned incorporator(s) is an (are) individual(s) 18 to form a (mark ONLY one):	years of ag	e or old	er and adopt	the following art	ides of incorp	oration
FOR-PROFIT BUSINESS CORPORATION (Chapte	r 302A)	X	NONPROF	IT CORPORATI	ON (Chapter	31 7 A)
ARTIC	CLE I N	AME				
The name of the corporation is:						
Phillips West Neighborhood Organ (Business Corporation names must include a corporate des	nizatio	η				
(Business Corporation names must include a corporate designation of one of those words.)	ignation su	ch as In	corporated, C	corporation, Con	npany, Limited	or an
ARTICLE II REGISTEREI	D OFFICI	E ADD	RESS AND	AGENT		
The registered office address of the corporation is:						
2504 Columbus Avenue South, #1	08, Mi	nnea	polis, M	N 5540	4	/
(A complete street address or rural route and rural route box	<u>"</u>				D. Box) City St	ate Zi
The registered agent at the above address is:						
NIA						
Name (Note: You are not required to have a registered age	nt.)				······································	
ARTICL	E III SI	IARES	•			
The corporation is authorized to issue a total of N/A (If you are a business corporation you must authorize at least		e. Nonpr	ofit corporation	ons are not requi	ired to have st	nares.)
ARTICLE IV	INCOR	PORA:	TORS			
I (We), the undersigned incorporator(s) certify that I am (we these articles is true and correct. I (We) also understand the criminal penalties will apply as if I (we) had signed these art tor. Each incorporator must sign below. List the incorporator	are) author at if any of t ides under	rized to shis infor	sign these art mation is inte Provide the na	ntionally or know ame and address	vingly misstates of each inco	ed that
Jaula Fynboh 2504 Columbus Aue 5 Name Street	Mpls	MN	55404	Signature	Febolo	ı
Name Street	City	State	Zip	Signature		
Name Street	City	State	Zip	Signature		· · · · · · · · · · · · · · · · · · ·
Print name and phone number of person to be contacted if t	here is a q	uestion a			MINNESC)TA
Paula Fynboh		(617	L) 872-	9431		
Name		Phone	Number		0 0007	J. 1 .

Phone Number

bus 3 Rev. 3-03

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Secretary of State