



ARIZONA CORPORATION COMMISSION FILED AZ CORPORATION COMMISSION FILED

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FILE NO. 1994829-5

FILE NO. 19948295

AZ CORPORATION COMMISSION FILED

ARTICLES OF INCORPORATION NONPROFIT CORPORATION

Read the Instructions C011

MAY 12 2015

FILE NO. 1994829-5

1. ENTITY NAME - see Instructions C011 for naming requirements - give the exact name of the corporation: Chiricahua Apache Ndc Nation

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.

Distribute educational information and culturally related charities of Apache heritage, to benefit all.

3. MEMBERS - check one: [ ] The corporation WILL have members. [x] 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?

- [x] 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:

Form with fields for Attention (optional), Address 1, Address 2 (optional), City, Country, State or Province, Zip.

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**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.

Charles Vargas <small>Name</small> P.O. Box 68 <small>Address 1</small> Indian Route 6, Marker 2 #0 NS. <small>Address 2 (optional)</small> San Carlos      Az      85550 <small>City      State or Province      Zip</small> UNITED STATES <input type="checkbox"/> <small>Country</small>			Joe Saenz <small>Name</small> P.O. Box 837 <small>Address 1</small> <small>Address 2 (optional)</small> Santa Clara      NM      88026 <small>City      State or Province      Zip</small> UNITED STATES <input type="checkbox"/> <small>Country</small>		
<small>Name</small> <small>Address 1</small> <small>Address 2 (optional)</small> <small>City</small> <input type="checkbox"/> <small>State or Province</small> <small>Zip</small> <small>Country</small>			<small>Name</small> <small>Address 1</small> <small>Address 2 (optional)</small> <small>City</small> <input type="checkbox"/> <small>State or Province</small> <small>Zip</small> <small>Country</small>		
<small>Name</small> <small>Address 1</small> <small>Address 2 (optional)</small> <small>City</small> <input type="checkbox"/> <small>State or Province</small> <small>Zip</small> <small>Country</small>			<small>Name</small> <small>Address 1</small> <small>Address 2 (optional)</small> <small>City</small> <input type="checkbox"/> <small>State or Province</small> <small>Zip</small> <small>Country</small>		

**6. STATUTORY AGENT - see Instructions C011!**

<b>6.1 REQUIRED</b> - give the name (can be an individual or an entity) and <i>physical or street address</i> (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):	
Charles Vargas <small>Statutory Agent Name (required)</small> Joe Saenz <small>Attention (optional)</small> Indian Route 6 #2 <small>Address 1</small> AZ      85550 <small>State      Zip</small> San Carlos <small>City</small>		Charles Vargas <small>Attention (optional)</small> P.O. Box 1240 <small>Address 1</small> AZ      85550 <small>State      Zip</small> San Carlos <small>City</small>	
<b>6.3 REQUIRED</b> - the <i>Statutory Agent Acceptance</i> form M002 must be submitted along with these Articles of Incorporation.			

7. **REQUIRED** - you must complete and submit with the Articles a **Certificate of Disclosure**.  
The Articles will be rejected if the Certificate of Disclosure is not simultaneously submitted.

8. **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.

Name: Charles Vargas

Address 1: P.O. Box 68

Address 2 (optional): Indian Route 6 Marker 2 #BNS

City: San Carlos State: AZ Zip: 85550

Country: UNITED STATES

**SIGNATURE - see Instructions C011:**

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: Charles Vargas Date: 3/26/2015

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

Name: Joe Saem

Address 1: P.O. Box 837

Address 2 (optional): SANTA CLARA NM 88026

City: State: Zip:

Country:

**SIGNATURE - see Instructions C011:**

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: Joe Saem Date: 3/26/2015

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

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

**CERTIFICATE OF DISCLOSURE**

*Read the Instructions C003i*

1. **ENTITY NAME** - give the exact name of the corporation in Arizona:

Chiricahua Apache Nde Nation

2. **A.C.C. FILE NUMBER** (if already incorporated or registered in AZ): 19948295

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 Certificate of Disclosure Felony/Judgment Attachment form C004.		

<b>5. BANKRUPTCY QUESTION:</b>		
<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 of the <b>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 Disclosure Bankruptcy Attachment 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.

<b>SIGNATURE REQUIREMENTS:</b>	
Initial Certificate of Disclosure:	This Certificate must be signed by all incorporators. If more space is needed, complete and attach an Incorporator Attachment 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.

**Charles Vargas**  
Name

**P.O. Box 68**  
Address 1

**Indian Route 6, Marker 2 #B north side**  
Address 2

State	<b>AZ</b>	Zip	<b>85550</b>
City	<b>UNITED STATES</b>		Country

**Joe Saenz**  
Name

**P.O. Box 837**  
Address 1

Address 2

State	<b>NM</b>	Zip	<b>88026</b>
City	<b>UNITED STATES</b>		Country

**SIGNATURE - see Instructions C003i:**

By typing or entering my name and 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

**Charles Vargas** 4-26-2015  
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.

**SIGNATURE - see Instructions C003i:**

By typing or entering my name and 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

**Joe Saenz** 4-26-2015  
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.

Filing Fee: None All fees are nonrefundable - see Instructions.	Mall: Arizona Corporation Commission - Corporate Filings Section 1300 W. Washington St., Phoenix, Arizona 85007 Fax: 602-542-4100
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