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CA

FILED
SECRETARY OF STATE
STATE OF CALIFORNIA

ARTICLES OF INCORPORATION
OF
BAY AREA HOST COMMITTEE

1a JAN -8 2018

ARTICLE I

The name of this corporation is Bay Area Host Committee.

ARTICLE II

A. This corporation is a nonprofit mutual benefit corporation organized under the Nonprofit Mutual Benefit Corporation Law. The purpose of this corporation is to engage in any lawful act or activity, other than credit union business, for which a corporation may be organized under such law.

B. The specific and primary purpose of this corporation is to engage in trade association activities consistent with Section 501(c)(6) of the Internal Revenue Code of 1986, as amended, or the corresponding provisions of any future United States internal revenue law (the "Code"), and Section 23701e of the California Revenue and Taxation Code.

ARTICLE III

The name and address in this state of this corporation's initial agent for the service of process is

Hannah Gordon
4949 Marie P. DeBartolo Way
Santa Clara, CA 95054.

ARTICLE IV

The initial street and mailing address of this corporation is

4949 Marie P. DeBartolo Way
Santa Clara, CA 95054.

ARTICLE V

Notwithstanding any of the above statements of purposes and powers, this corporation shall not, except to an insubstantial degree, engage in any activities or exercise any powers that are not in furtherance of the specific purposes of this corporation.

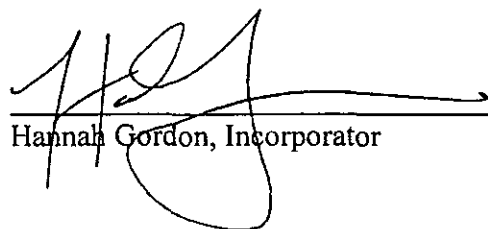
ARTICLE VI

This corporation is not organized for profit and no part of the net earnings shall inure to the benefit of any private shareholder or individual.

ARTICLE VII

Upon the winding up and dissolution of this corporation, and after paying or adequately providing for its debts and obligations, the remaining assets of this corporation shall be distributed to a nonprofit organization with the same or similar purposes and activities as those of this corporation.

DATED: 1/4/2018



Hannah Gordon, Incorporator



State of California Secretary of State

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Statement of Information

(Domestic Nonprofit, Credit Union and General Cooperative Corporations)

Filing Fee: \$20.00. If this is an amendment, see instructions.

IMPORTANT – READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. CORPORATE NAME

2. CALIFORNIA CORPORATE NUMBER

This Space for Filing Use Only

Complete Principal Office Address (Do not abbreviate the name of the city. Item 3 cannot be a P.O. Box.)

3. STREET ADDRESS OF PRINCIPAL OFFICE IN CALIFORNIA, IF ANY CITY STATE ZIP CODE

4. MAILING ADDRESS OF THE CORPORATION CITY STATE ZIP CODE

Names and Complete Addresses of the Following Officers (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

5. CHIEF EXECUTIVE OFFICER/ ADDRESS CITY STATE ZIP CODE

6. SECRETARY ADDRESS CITY STATE ZIP CODE

7. CHIEF FINANCIAL OFFICER/ ADDRESS CITY STATE ZIP CODE

Agent for Service of Process If the agent is an individual, the agent must reside in California and Item 9 must be completed with a California street address, a P.O. Box address is not acceptable. If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 9 must be left blank.

8. NAME OF AGENT FOR SERVICE OF PROCESS [Note: The person designated as the corporation's agent MUST have agreed to act in that capacity prior to the designation.]

9. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL CITY STATE ZIP CODE

Common Interest Developments

10. ☐ Check here if the corporation is an association formed to manage a common interest development under the Davis-Stirling Common Interest Development Act, (California Civil Code section 4000, et seq.) or under the Commercial and Industrial Common Interest Development Act, (California Civil Code section 6500, et seq.). The corporation must file a Statement by Common Interest Development Association (Form SI-CID) as required by California Civil Code sections 5405(a) and 6760(a). Please see instructions on the reverse side of this form.

11. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

DATE TYPE/PRINT NAME OF PERSON COMPLETING FORM TITLE SIGNATURE