Form 202 (Revised 05/11)

Submit in duplicate to: Secretary of State P.O. Box 13697 Austin, TX 78711-3697 512 463-5555 FAX: 512/463-5709

Filing Fee: \$25



To:

Certificate of Formation **Nonprofit Corporation**

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FILED In the Office of the Secretary of State of Texas

JUL 20 2016

Corporations Section

Article 1 - Entity Name and Type

The filing entity being formed is a nonprofit corporation. The name of the entity is:

THE WOODS OF ST. CLARE PROPERTY OWNERS ASSOCIATION, INC.

Article 2 - Registered Agent and Registered Office

(See I	instructions. Select and con	iplete <u>either</u> A or B and co	omplete C.)		
A. The initial registered a	agent is an organizati	On (cannot be entity nam	ned above) by the	name of:	
or ⊠ B. The initial registered a	gent is an individual	resident of the stat	e whose name	is set forth below:	
B 1		TP 11			
Dale		Koehler			_
Dale First Name	M.I.	Koehler Lasi Name		Suffix	-
		Last Name	ice address is:	Suffix	
First Name		Last Name	ice address is:	Suffix 78124	

Article 3 – Management

The management of the affairs of the corporation is vested in the board of directors. The number of directors constituting the initial board of directors and the names and addresses of the persons who are to serve as directors until the first annual meeting of members or until their successors are elected and qualified are as follows:

A minimum of three directors is required.

Director 1					
Dale		Koehler			
First Name	M.1.	Last Name			Suffix
1326 Lower Seguin Road	Marion		Texas	78124	USA
Street or Mailing Address	City		State	Zip Code	Country

To:

Fax: +1 (512) 4635709

Director 2					
Mary	Ann	Koehler			F
First Name	M.I.	Last Name			Suffix
1326 Lower Seguin Road	Marion		Texas	78124	USA
Street or Mailing Address	City		State	Zip Code	Country
Director 3					
Chad		Hahn			
First Name	M.I.	Last Name			Suffix
				70120	TICA
301 Main Plaza #124 Street or Mailing Address	New Bran	untels	Texas State	78130 Zip Code	USA Country
OR					
	C.1		vected in th	e nonprofit	corporation'
The management of the off	SIEC AT THE CAPRA	raiinn is in ne			
The management of the aff	airs of the corpo	ration is to be	vested III ti		
The management of the aff members.			vested in th		
	Article 4 –	Membership			
members.	Article 4 – select statement B if	Membership the corporation is to			
members. (See instructions. Do not	Article 4 – select statement B if	Membership the corporation is to bers.			
Members. (See instructions. Do not A. The nonprofit corporation	Article 4 – select statement B if in shall have member will have no me	Membership the corporation is to bers. mbers.			
Members. (See instructions. Do not A. The nonprofit corporation	Article 4 – select statement B if in shall have member will have no me	Membership the corporation is to bers. mbers. - Purpose	o be managed	by its members	.)
members. (See instructions. Do not ☑ A. The nonprofit corporation ☐ B. The nonprofit corporation	Article 4 – select statement B if n shall have member will have no me Article 5 contain language nee	Membership the corporation is to bers. mbers. 5 — Purpose eded to obtain a tax	o be managed -exempt status	by its members	.)

t.					
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Su	pplemental Provisions/In (See instructions.)	formation			
Text Area: [The attached addendum, if any, is	•				
		*			
	Organizer				
The name and address of the organ	nizer:				
D 1 77 11					
Dale Koehler Name					
	Marian	Tours	78124		
1326 Lower Seguin Road	Marion	Texas			
Street or Mailing Address	City	State	Zip Code		
Effe	ectiveness of Filing (Select e	ither A, B, or C.)			
A. This document becomes eff	ective when the document	is filed by the secretors	of state		
		-			
B. This document becomes eff		is not more than ninet	y (90) days from		
the date of signing. The delayed e					
C. This document takes effect	-	iture event or fact, othe	r than the		
passage of time. The 90th day after					
The following event or fact will cause the document to take effect in the manner described below:					
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		·			

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Fax: +1 (512) 4635709

Form 202

From: Christopher H. Moore Fax: (866) 465-6451

To:

Execution

To:

The undersigned affirms that the person designated as registered agent has consented to the appointment. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized to execute the filing instrument.

Date:

July /9, 2016.

Signature of organizer

Dale Koehler

Printed or typed name of organizer