

UNITED STATES OF AMERICA

The State of  Washington

Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

ARTICLES OF INCORPORATION

to

CANYON BLOOMS PETALS FOR PATIENTS

A WA NONPROFIT CORPORATION, effective on the date indicated below.

Effective Date: 04/15/2022

UBI Number: 604 899 262



Given under my hand and the Seal of the State  
of Washington at Olympia, the State Capital

Steve R. Hobbs, Secretary of State

Date Issued: 04/15/2022



**WASHINGTON**  
 Secretary of State  
 Corporations & Charities Division

Contact Information  
 Tel: 360.725.0377  
 www.sos.wa.gov/corps

Physical/Overnight address: 801 Capitol Way S Olympia, WA 98501-1226

Mailing Address: PO Box 40234 Olympia, WA 98504-0234

This Box For Office Use Only

FILED  
 Secretary of State  
 State of Washington  
 Date Filed: 04/15/2022  
 Effective Date: 04/15/2022  
 UBI No: 604 899 262

Select one filing fee option

- Filing Fee \$80 - Default
- Filing Fee \$40 - Certification required (section 3)

To Expedite Filing, Add \$50

**ARTICLES OF INCORPORATION**  
 Washington Nonprofit Corporation  
RCW 24.03A

All fields REQUIRED unless otherwise specified

(1) Do you already have a UBI No.? (Check one)  Yes  No If Yes, provide UBI No.: \_\_\_\_\_  
 If No, a new UBI No. will be issued to you upon successful completion of the filing.

(2) BUSINESS NAME: CANYON BLOOMS PETALS FOR PATIENTS  
 For name requirements review the following RCW(s): RCW 23.95.305  
 Does the business have a name reserved? (Check one)  Yes  No If Yes, provide the Reservation Number  
 Reservation No.: \_\_\_\_\_

(3) GROSS REVENUE CERTIFICATION:  
 Per RCW 24.03A.960 does the Nonprofit certify that its total gross revenue in the most recent fiscal year was less than \$500,000? (Check one)  YES  NO (If Yes, the filing fee is reduced to \$40)

(4) CHARITABLE NONPROFIT CORPORATION:  
 Is the Nonprofit Corporation a Charitable Nonprofit as defined by RCW 24.03A.010(5)? (Check one)  YES  NO

(5) MEMBERS: RCW 24.03A.010(45)  
 Does the Nonprofit Corporation have members? (Check one)  YES  NO

(6) MEMBER NAME(S): (optional) attach additional pages if necessary. If names are provided section (5) will be considered as "yes"  
 Name: Kara H. Lolley Name: \_\_\_\_\_  
 Name: \_\_\_\_\_ Name: \_\_\_\_\_

(7) PURPOSE OF CORPORATION: Purpose for which the nonprofit corporation is organized  
 Organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions that qualify as exempt organizations under Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

(8) ANY OTHER PROVISIONS: IRS tax exempt language, attach additional pages if necessary

**(9) REGISTERED AGENT:**

**COMMERCIAL REGISTERED AGENT:** RCW 23.95.420

A Commercial Registered Agent is a business or individual that is registered with the Office of the Secretary of State to receive legal documents on behalf of a business. The Commercial Registered Agent's address has been registered with our office.

Is the Registered Agent a Commercial Registered Agent? (Check one)  Yes  No

If Yes, provide the name of the Commercial Registered Agent: \_\_\_\_\_

The Commercial Registered Agent must sign the consent to serve below.

If No, continue below

**NON-COMMERCIAL REGISTERED AGENT**

A Non-Commercial Registered Agent is an individual, business, or an office or position that is not registered as a Commercial Registered Agent.

- If an individual is serving as the Registered Agent, only provide the individual's first and last name below.
- If a business is serving as the Registered Agent, only provide the name of the business below.
- If an office or position within the business is serving as the Registered Agent, only provide the position title such as President, Secretary, Treasurer, or Member below.

Registered Agent: Kara H. Lolley

Phone: (509) 388-6233

Email: klolley@gmail.com

**Registered Agent Street Address (required)**  
(Must be a physical address; No PO Box or PMB)

**Registered Agent Mailing Address (optional)**  
 Check if mailing address is the same as street address

Country: United States State: Washington

Country: United States State: Washington

Address: 7714 Cowiche Canyon Road

Address: \_\_\_\_\_

Zip: 98908 City: Yakima

Zip: \_\_\_\_\_ City: \_\_\_\_\_

**CONSENT TO SERVE AS REGISTERED AGENT - REQUIRED FOR ALL TYPES**

I hereby consent to serve as Registered Agent in the State of Washington for the named business. I understand it will be my responsibility to accept service of process, notices, and demands on behalf of the business; to forward mail to the business; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

Kara H. Lolley  
Signature of Registered Agent

Kara H. Lolley  
Printed Name/Title

4.11.22  
Date

BYLAWS  
OF  
CANYON HOMES SET FOR RENT

**(10) PERIOD OF DURATION:** Check ONE of the following

This Corporation shall have a perpetual duration (default)  This Corporation shall have a duration of \_\_\_\_\_ years.

This Corporation shall expire on \_\_\_\_\_

**(11) EFFECTIVE DATE:** Check ONE of the following:

Date of filing  Specify a date \_\_\_\_\_ (cannot be more than 90 days following received date)

**(12) INITIAL BOARD OF DIRECTORS:** Name and address of each initial director is required, attach additional pages if necessary.

Name: Kara H. Lolley Address: 7714 Cowiche Canyon Road

City: Yakima State: WA Zip: 98908

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**(13) DISTRIBUTION OF ASSETS:**

In the event of voluntary dissolution, the net assets will be distributed as follows:

The net assets shall be distributed for one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code, as amended, from time to time, or a successor statute, or shall be distributed to the federal government or to a state or local government, for a public purpose, as determined by the Board of Directors.

**(14) RETURN ADDRESS FOR THIS FILING:** (optional)

If provided, the confirmation regarding this specific filing will be sent to the address below, in addition to the Registered Agent's address.

Attention: Bryan P. Myre Email: bpm@witherspoonkelley.com

Address: 222 N. Third Street

City: Yakima State: WA Zip: 98901

**(15) INCORPORATOR INFORMATION:**

Name, address, and signature required. Attach additional sheets if necessary.

I hereby certify, under penalty of law, that the above information is accurate and complies with the filing requirements of state law.

Name: Kara H. Lolley

Address: 222 N. Third Street

City: Yakima State: WA Zip: 98901 Country: USA

Kara H. Lolley Kara H. Lolley 4.11.22  
Signature of Incorporator Printed Name/Title Date