50 4 100

Articles of Incorporation - Cooperative

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - http://www.FilingInOregon.com - Phone: (503) 986-2200

FILED

SEP 09 2013

OREGON SECRETARY OF STATE

For office use only

REGISTRY NUMBER: 962774-93
For office use only

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record. We must release this information to all parties upon request and it will be posted on our website.

Please Type or Print Legibly in **Black** Ink. Attach Additional Sheet if Necessary.

1) **NAME OF COOPERATIVE:** Hillsboro Food Co-op

2) **REGISTERED AGENT:**
Karen Smith

3) **REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS:**
(Must be an **Oregon Street Address**, which is identical to the registered agent's business office. Must include city, state, zip; No PO Boxes.)
764 NE Birchwood Dr.
Hillsboro, OR 97124

4) **MAILING ADDRESS FOR NOTICES:**
764 NE Birchwood Dr.
Hillsboro, OR 97124

5) **NUMBER OF DIRECTORS CONSTITUTING THE INITIAL BOARD OF DIRECTORS:**
No less than three, and no more than seven

6) **PURPOSE FOR WHICH COOPERATIVE IS ORGANIZED:**
To provide groceries and related consumer goods to its members and to others and to engage in other lawful activities.

7) **CAPITAL STOCK:** (Indicate the number and par value, if any, of shares of each authorized class of stock. If more than one class is authorized, indicate the designation, preferences, limitation, and relative rights of each class.)

8) **MEMBERSHIP STOCK:**

☐ A. If there is no membership stock, state the amount of the membership fee and the limitations, if any, on the transfer of membership.

☑ B. If there is membership stock, state the classes of stock and the limitations on transfer, if any, applicable to such stock.
Membership stock shall not be transferable except to the cooperative in accordance with the bylaws of the cooperative, and may be redeemed for not more than the amount paid for such stock.

9) **BASIS OF DISTRIBUTION OF ASSETS:** (In the Event of Dissolution or Liquidation.)
Debts and other obligations shall be paid first. Remaining assets shall be distributed to members in good standing, pro rata. The Board of Directors shall supervise the distribution of assets.

10) **OPTIONAL PROVISIONS:** (Please attach a separate sheet.)

11) **NAME AND ADDRESS OF EACH INCORPORATOR:**
Karen Smith 764 NE Birchwood Dr, Hillsboro, OR 97124
Heather Robinson 935 NE Birchaire Ln. Hillsboro, OR 97124
Margaret Shuler 2322 NE Estate Dr, Hillsboro, OR 97124

12) **EXECUTION:** (All Incorporators must sign.)
By my signature, I declare as an authorized authority, that this filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

Signature:	Printed Name:
Karen Smith	Karen Smith
Heather Robinson	Heather Robinson
Margaret Shuler	Margaret Shuler

HILLSBORO FOOD CO-OP

96277893-14602885 NEWINC

FEES

Required Processing Fee $100

Processing Fees are nonrefundable. Please make check payable to "Corporation Division."

Free copies are available at FilingInOregon.com, using the Business Name Search program.