## 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



## **Certificate of Formation Nonprofit Corporation**

This space reserved for office use.

FILED
In the Office of the
Secretary of State of Texas APR 1 2 2018

Suffix

USA

Country

Filing Fee: \$25		
	Article 1 – Entity Name	e and Type
The filing entity being form	ned is a nonprofit corporation. T	The name of the entity is:
The Austin Civic Fund		
	rticle 2 – Registered Agent and see instructions. Select and complete either	
A. The initial registere	d agent is an organization (cannot	ot be entity named above) by the name of:
OR  B. The initial registere	d agent is an individual resident	at of the state whose name is set forth below:
Christopher	Covo	
First Name	M.I. Last Nam	me Suffix
C. The business address of	the registered agent and the reg	gistered office address is:
1148 Northrestorn Street Address	Ave Austin	TX 78702
Street Address	City	State Zip Code
	Article 3 – Manage	ement
directors constituting the in	itial board of directors and the i	ed in the board of directors. The number of names and addresses of the persons who are abers or until their successors are elected and
Director 1	A minum of three directors is	to required.
Christopher	Covo	

Last Name

TX

State

78702

Zip Code

*M.I.* 

City

Austin

Form 202

First Name

1148 Northwestern Ave.

Street or Mailing Address

6

Director 2				<del></del>			
					<u></u>		
Thomas		Bailey	·				
First Name	M.I.	Last Name			Suffix		
5334 Fairmont Circle	Austin		TV	70715	I to A		
Street or Mailing Address	City		TX State	78745 Zip Code	USA Country		
	<u> </u>						
Director 3							
John First Name	177	Nantz					
First Name	М.І.	Last Name			Suffix		
301 Brazos St.	Austin		$\mathbf{TV}$	70701	* 10 A		
Street or Mailing Address	Austin City		TX State	78701 Zip Code	USA Country		
				·			
OR							
The management of the aff	fairs of the corpora	ation is to be vo	ested in t	he nonprofit	corporation's		
members.							
		Membership					
(See instructions. Do not			be managed	d by its members	)		
A. The nonprofit corporation	n chall have membe	arc					
B. The nonprofit corporation will have no members.							
V D. The nonprofit corporation	1 WIII have no mem	ibers.					
Article 5 – Purpose (See instructions. This form does not contain language needed to obtain a tax-exempt status on the state or federal level.)							
The nonprofit corporation is orga	inized for the follow	wing purpose or	purposes	:			
1. The purposes for which the corpo	ration is organized a	re to promote soc	ial welfare	within the mea	aning of Sec.		
_501(c)(4) of the Internal Revenue C							
	-	<u>-                                      </u>			Still residence		
in support of policies and goals to n	nake our city a more	affordable and eq	juitable pla	ace to live.			
The following text area may be used to inclu	ıde any additional langua	ge or provisions that	may be need	ded to obtain tax-e.	xempt status.		
<ol> <li>This corporation is not organized for profit, and no part of the net earnings of this corporation shall inure to the benefit of any member of the Board of Directors or any other individual except that this corporation may make payments of reasonable compensation for services rendered.</li> <li>The corporation shall not participate or intervene in any political campaign on behalf of, or in opposition to, any candidate for public office to an extent that would disqualify it from tax exemption under section 501(c)(4) of the Internal Revenue Code. The corporation shall never be operated for the primary purpose of carrying on a trade or business for profit.</li> </ol>							
4. Notwithstanding any provision of activities not permitted to be carried (4) of the Internal Revenue Code of revenue law).	on by an organization	on exempt from fe	ederal inco	me tax under se	ection 501(c)		

7

Form 202

## Supplemental Provisions/Information (See instructions.)

Text Area: [The attached addendum, if any	, is incorporated herein by reference.]	*	
		•	
			•
		···	
	Organizer		
The name and address of the org	anizer:		
Michael R. Searle			
Name			
2407 S Congress Ave, E550	Austin	TX	78704
Street or Mailing Address	City	State	Zip Code
ir.	ffectiveness of Filing (Select eit	har A. D. ar C.)	
	incerveness of I ming (selected	incr A, B, or C.)	
A.  This document becomes e	ffective when the document i	s filed by the secreta	ry of state.
B. This document becomes e	ffective at a later date, which	is not more than nine	ety (90) days from
the date of signing. The delayed			(> 0) uuju 110111
C. This document takes effect		ture event or fact oth	per than the
passage of time. The 90 <sup>th</sup> day at	•	ture event or ract, our	ici man me
		CC 4 1 1	
The following event or fact will	cause the document to take el	ffect in the manner de	escribed below:
	Execution		
The undersigned affirms that			
appointment. The undersigned	-	•	•
submission of a materially false undersigned is authorized to exe		certifies under penai	ity of perjury that the
undersigned is authorized to exec	cute the filling mistrument.		
Date: April 12, 2018		11	
		V / /	
	Signature of organ	izer	
•	~ / ~	7	
•	Michael R. Sea Printed or typed na		<del></del>

Form 509 (Revised 06/15) Submit with relevant filing instrument. Consent to Use of Similar Name Filing Fee: None (1) Austin Civic Wind Ensemble, File No. 36931301 Name and file number of the entity or individual who holds the existing name on file with the secretary of state consents to the use of (2) The Austin Civic Fund Proposed name as the name of a filing entity or foreign filing entity in Texas for the purpose of submitting a filing instrument to the secretary of state. The undersigned certifies to being authorized by the holder of the existing name to give this consent. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument. Date: 4/12/2018 Signature of Authorized Person Name of Authorized Person (type or print) President Gustin Civil Wind Ensemble
Title of Authorized Person, if any (type or print) State of The This instrument was acknowledged before me on

Form 509

(Seal)

**Notary Public** 

State of Texas
My Comm. Exp. 06-20-2018