

ARIZONA CORP COMMISSION
FILED

DEC 9 2015

FILE NO. 2049187-8

AZ CORPORATION COMMISSION
FILED

NOV 9 6 2015

FILE NO. 2049187-8



05318642

DO NOT WRITE ABOVE THE DATA CONTAINED FOR REC USE ONLY.
ARTICLES OF INCORPORATION
NONPROFIT CORPORATION
Read the Instructions *COM*

1. ENTITY NAME - see Instructions *COM* for naming requirements - give the exact name of the corporation:

The Trinity Church

2. CHARACTER OF AFFAIRS - briefly describe the character of affairs the corporation initially intends to conduct in Arizona. NOTE that the character of affairs that the corporation ultimately conducts is not limited by the description provided.

Bible based Christian Church

3. MEMBERS - check one: The corporation WILL have members.
 The corporation WILL NOT have members.

4. ARIZONA KNOWN PLACE OF BUSINESS ADDRESS

4.1 Is the Arizona known place of business address the same as the street address of the statutory agent?

Yes - go to number 5 and continue
 No - go to number 4.2 and continue

4.2 If you answered "No" to number 4.1, give the physical or street address (not a P.O. Box) of the known place of business of the corporation in Arizona:

Street/Postal <u>71001 North Tatum Blvd Ste 1630-434</u>	
City/State <u>Flagstaff AZ</u>	
ZIP Code <u>86001</u>	State <u>AZ</u>
Country <u>UNITED STATES</u>	

8. DIRECTORS - list the names and business address of each and every Director of the corporation. If more space is needed, check this box and complete and attach the Director Attachment form 0082.

Mark Driscoll				Henry Evans			
NAME 21001 North Tatum Blvd 1630-434				NAME 21001 North Tatum Blvd 1630-434			
ADDRESS 1				ADDRESS 1			
ADDRESS 2 (optional) Phoenix		AZ	85050	ADDRESS 2 (optional) Phoenix		AZ	85050
CITY	STATE	ZIP		CITY	STATE	ZIP	
UNITED STATES				UNITED STATES			
Randall Taylor							
NAME 21001 North Tatum Blvd 1630-434				NAME			
ADDRESS 1				ADDRESS 1			
ADDRESS 2 (optional) Phoenix		AZ	85050	ADDRESS 2 (optional)			
CITY	STATE	ZIP		CITY	STATE	ZIP	
UNITED STATES							
PHONE				PHONE			
FAX				FAX			
ADDRESS 1				ADDRESS 1			
ADDRESS 2 (optional)				ADDRESS 2 (optional)			
CITY	STATE	ZIP		CITY	STATE	ZIP	

9. STATUTORY AGENT - See Instructions 0011

9.1 REQUIRED - give the name (can be an individual or an entity) and physical or street address (not a P.O. Box) in Arizona of the statutory agent.				9.2 OPTIONAL - mailing address in Arizona of statutory agent (can be a P.O. Box)			
Capital Corporate Services, Inc. Statutory Agent Name (optional)							
ADDRESS (optional)				ADDRESS (optional)			
NAME 1 815 N 1st Ave., Suite 4				NAME 1			
ADDRESS 2 (optional)		AZ	85003	ADDRESS 2 (optional)			
CITY	STATE	ZIP		CITY	STATE	ZIP	
Phoenix							
9.3 REQUIRED - the Statutory Agent Authorization form H002 must be submitted along with these Articles of Incorporation.							

7. **REQUIRED** - you must complete and submit with the Articles a Certificate of Disclosure. The Articles will be rejected if the Certificate of Disclosure is not simultaneously submitted.
8. **INCORPORATORS** - list the name and address, and the signature, of each and every incorporator - minimum of one is required. If more space is needed, check this box and complete and attach the Incorporator Attachment Form CDB4.

Steven D. Goodspeed
 Name
 4501 Marlet Ave
 Address 1
 Address 2
 City State Zip
 OK 76051
 CITY STATE ZIP
 UNITED STATES

SIGNATURES - see Instructions CDB2C

By checking the box marked "I accept" below, I acknowledge under penalty of perjury that this document together with any attachments is submitted in compliance with Arizona law.



I ACCEPT

Steven D. Goodspeed 1/18/2013
 Name Date

IF INCORPORATING FOR AN ENTITY, CHECK ONE, FILL IN BLANK

Corporation as Incorporator - I am signing as an officer or authorized agent of a corporation and its name is:

LLC as Incorporator - I am signing as a member, manager, or authorized agent of a limited liability company, and its name is:

Name
 Address 1
 Address 2
 City State Zip
 CITY STATE ZIP

SIGNATURES - see Instructions CDB2C

By checking the box marked "I accept" below, I acknowledge under penalty of perjury that this document together with any attachments is submitted in compliance with Arizona law.

I ACCEPT

Name Date

IF INCORPORATING FOR AN ENTITY, CHECK ONE, FILL IN BLANK

Corporation as Incorporator - I am signing as an officer or authorized agent of a corporation and its name is:

LLC as Incorporator - I am signing as a member, manager, or authorized agent of a limited liability company, and its name is:

Filing Fee: \$40.00 (regular processing)
 Expedited processing - add \$35.00 to filing fee.
 All fees are non-refundable - see Instructions.

File: ARIZONA CORPORATION COMMISSION
 Corporate Filings Section
 1300 W. Washington PL, Phoenix, Arizona 85067
 (602) 943-4300

Please be advised that A.C.C. does not offer any of the additional products required by statute. You should seek counsel for those portions not required by statute in the following events of your business.
 All documents filed with the Arizona Corporation Commission are public records and are open for public inspection.
 If you have questions after reading the Instructions, please call 602-943-4300 or (toll-free Arizona only) 800-943-4300.

DO NOT WRITE ABOVE THIS LINE, RESERVE FOR USE ONLY
CERTIFICATE OF DISCLOSURE
 Read the Instructions carefully

1. **ENTITY NAME** - give the exact name of the corporation in Arizona:

The Tricky Corp

2. **A.C.C. FILE NUMBER** (if already incorporated or registered in AZ):

File No. A.C.C. 84 pertains to the upper corner of filed documents ON or ON before on

3. **Check only one of the following to indicate the type of Certificate:**

- Initial (accompanies formation or registration documents)
 Annual (credit values and loan companies only)
 Supplemental to CDO that _____ (supplements a previously filed Certificate of Disclosure)

4. FELONY/JUDGMENT QUESTIONS:

Has any person (a) who is currently an officer, director, trustee, or incorporator, or (b) who controls or holds over ten per cent of the issued and outstanding common shares or ten per cent of any other proprietary, beneficial or membership interest in the corporation been:

4.1	Convicted of a felony involving a transaction in securities, consumer fraud or fraud in any state or federal jurisdiction within the seven-year period immediately preceding the signing of this certificate?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
4.2	Convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses or restraint of trade or monopoly in any state or federal jurisdiction within the seven-year period immediately preceding the signing of this certificate?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
4.3	Subject to an injunction, judgment, decree or permanent order of any state or federal court entered within the seven-year period immediately preceding the signing of this certificate, involving any of the following: a. The violation of fraud or registration provisions of the securities laws of that jurisdiction; b. The violation of the consumer fraud laws of that jurisdiction; c. The violation of the restraint or restraint of trade laws of that jurisdiction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
4.4	If any of the answers to questions 4.1, 4.2, or 4.3 are YES, you MUST complete and attach a Confidential Disclosure File Worksheet Attachment BCCN.COM.		

B. KNOWLEDGE QUESTION

<p>B.1 Has any person (a) who is currently an officer, director, trustee, incorporator, or (b) who controls or holds over twenty per cent of the issued and outstanding common shares or twenty per cent of any other proprietary, beneficial or membership interest in the corporation, served in any such capacity or held a twenty per cent interest in any other corporation (not the one filing this Certificate) on the bankruptcy or receivership of the other corporation?</p>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<p>B.2 If the answer to number B.1 is YES, you MUST complete and attach a Certificate of Disclosure Bankruptcy Attachment Form CDB3.</p>		

IMPORTANT: If within 60 days of the delivery of this Certificate to the A.C.C. any person not included in this Certificate becomes an officer, director, trustee or person controlling or holding over ten per cent of the issued and outstanding shares or ten per cent of any other proprietary, beneficial or membership interest in the corporation, the corporation must submit a SUPPLEMENTAL Certificate providing information about that person, signed by all incorporators or by a duly elected and authorized officer.

<p>NAME OF CORPORATION:</p>	<p>INCORPORATED UNDER LAWS OF INCORPORATOR OR STATE WHERE INCORPORATED, COMPANY AND NUMBER OF INCORPORATORS OR MEMBERS: INCORPORATED UNDER LAWS OF INCORPORATOR OR STATE WHERE INCORPORATED, COMPANY AND NUMBER OF INCORPORATORS OR MEMBERS:</p>
<p>NUMBER OF OFFICERS:</p>	<p>THE OFFICERS OF THE CORPORATION ARE: THE OFFICERS OF THE CORPORATION ARE:</p>
<p>OFFICERS AND THEIR POSITIONS:</p>	<p>THE OFFICERS ARE: THE OFFICERS ARE:</p>

Steven D. Goodspeed

4501 Market Ave

78651

UNION STATION

BY SIGNING AND ENTERING MY NAME AND CHECKING THE BOX INDICATING "I ACCEPT" BELOW, I ACKNOWLEDGE UNDER PENALTY OF PERJURY THAT THE INFORMATION TOGETHER WITH ANY ATTACHMENTS IS SUBMITTED IN COMPLIANCE WITH FEDERAL LAW.

I ACCEPT

Signature: Steven D. Goodspeed

INCORPORATOR

RESPONSIBILITY - please check only one:

- Incorporator** - I am an incorporator of the corporation submitting this Certificate.
- Officer** - I am an officer of the corporation submitting this Certificate.
- Member of the Board of Directors** - I am the Chairman of the Board of Directors of the corporation submitting this Certificate.
- Director** - I am a Director of the corporation or have recently submitted this Certificate.

Signature:

INCORPORATOR

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I ACCEPT

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- Director** - I am a Director of the corporation or have recently submitted this Certificate.

What Fee? None

All fees are non-refundable - see Instructions.

MAIL TO: AUSTIN CHAMBERLAIN COMMISSION - CORPORATE FILING SECTION

1300 W. Washington St., Phoenix, Arizona 85007

STATUTORY AGENT ACCEPTANCE

Please read instructions M0022

1. ENTITY NAME - give the exact name in Arizona of the corporation or LLC that has appointed the Statutory Agent (this must match exactly the name as listed on the document appointing the statutory agent, e.g., Articles of Organization or Article of Incorporation):
The Trinity Church

2. STATUTORY AGENT NAME - give the exact name of the Statutory Agent appointed by the entity listed in number 1 above (this will be either an individual or an entity). *NOTE* - the name must match exactly the statutory agent name as listed in the document that appoints the statutory agent (e.g., Articles of Incorporation or Articles of Organization), including any middle initial or suffix:
Capital Corporate Services, Inc.

3. STATUTORY AGENT SIGNATURE:

By the signature appearing below, the individual or entity named in number 2 above accepts the appointment as statutory agent for the entity named in number 1 above, and acknowledges that the appointment is effective until the appointing entity replaces the statutory agent or the statutory agent resigns, whichever occurs first.

The person signing below declares and certifies under penalty of perjury that the information contained within this document together with any attachments is true and correct, and is submitted in compliance with Arizona law.

Peggy Calder, Assistant Secretary on behalf of
 Capital Corporate Services, Inc.

Printed Name

11-20-15

REQUIRED - check only one:

<input type="checkbox"/> Individual as statutory agent: I am signing on behalf of myself as the individual (natural person) named as statutory agent.	<input checked="" type="checkbox"/> Entity as statutory agent: I am signing on behalf of the entity named as statutory agent, and I am authorized to act for that entity.
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Filing Fee: none (regular processing) Expedited processing - not applicable. All fees are non-refundable - see Instructions.	Mail: Arizona Corporation Commission - Corporate Filings Section 1300 W. Washington St., Phoenix, Arizona 85007 Fax: 602-542-4390
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Please be advised that ACC fees reflect only the minimum permitted in statute. You should seek advice from your attorney for those transactions not covered by the minimum statute fee schedule.
 All documents filed with the Arizona Corporation Commission are public records and are open for public inspection.
 If you have questions after reading the Instructions, please call 602-542-6224 or (toll-free Arizona only) 1-800-542-6224.