


498-766-5

CN 51-02	KANSAS SECRETARY OF STATE Not-For-Profit Corporation Articles of Incorporation	
	Kansas Office of the Secretary of State: Memorial Hall, 1st Floor (785) 296-4564 120 S.W. 10th Avenue kssos@sos.ks.gov Topeka, KS 66612-1594 www.sos.ks.gov	

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Instructions: All information must be completed or this document will not be accepted for filing.

1. Name of corporation	Stand Up Blue Valley, Inc.		
2. Name of resident agent and address of registered office in Kansas Must be a Kansas street address. A P.O. Box is unacceptable.	Name	The Corporation Company, Inc.	
	Street Address	112 SW 7th Street, Suite 3C	
	City	State	Zip
	Topeka	KS	66603
3. Mailing address Address will be used to send official mail from the Secretary of State's Office.	Attention Name	Stinson Leonard Street LLP	
	Address	1201 Walnut Street, Suite 2900	
	City	State	Zip
	Kansas City	MO	64106
			Country
			USA
4. Tax closing month	December		
5. Nature of corporation's business of purpose	To use education and advocacy to mobilize the Blue Valley community on political and governmental issues affecting the Blue Valley School District and its ability to provide high quality public education or to engage in any other lawful act or activity for which the entity may be organized under the laws of Kansas.		
6. Will this corporation have the authority to issue capital stock?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, the total number of shares authorized:
	Shares	Stock	Class
			Par Value
			/ea.
	Shares	Stock	Class
		Par Value	
		/ea.	
Shares	Stock	Class	Without Nominal or Par Value.
Shares	Stock	Class	Without Nominal or Par Value.
If applicable, state any designations, powers, rights, limitations, or restrictions applicable to any class or any special grant of authority to be given to the board of directors.			
7. Are the conditions of membership fixed by bylaws	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	If no, state the conditions of membership:

B
E

8. Name and mailing address of each incorporator

Do not leave blank. If additional space is needed, please provide attachment.

Name 1			
SMF Registered Services, Inc.			
Address			
1201 Walnut Street, Suite 2900			
City	State	Zip	Country
Kansas City	MO	64106	USA
Name 2			
Address			
City	State	Zip	Country

9. Name and mailing address of each member of board of directors

This must be completed if incorporator's power terminates once document is filed. If additional space is needed, please provide attachment.

Name 1			
Address			
City	State	Zip	Country
Name 2			
Address			
City	State	Zip	Country

10. Duration of corporation

<input checked="" type="checkbox"/> Perpetual			
<input type="checkbox"/> Date corporation will cease:	Month	Day	Year

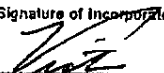
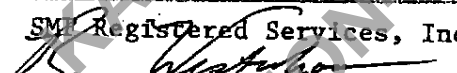
11. Effective date

Must be within 90 days of filing.

<input checked="" type="checkbox"/> Upon filing			
<input type="checkbox"/> Future effective date:	Month	Day	Year

12. I/We declare under penalty of perjury pursuant to the laws of the state of Kansas that the foregoing is true and correct, and that I/we have remitted the required fee.

Signatures must correspond exactly to names of incorporators listed in Question 8.

Signature of Incorporator	SMF Registered Services, Inc.	Month	Day	Year
		01	28	2016
Signature of Incorporator	Vicki R. Westerhaus, Vice President	Month	Day	Year