



498-766-5

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

0151 01 051 002 \$20.00	<b>FILED BY KS SOS</b> <b>01-28-2016</b> <b>3 04:01:40 PM</b> <b>FILE#: 4987665</b>
 <b>04336275</b>	

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

<b>1. Name of corporation</b>	Stand Up Blue Valley, Inc.		
<b>2. Name of resident agent and address of registered office in Kansas</b> <small>Must be a Kansas street address. A P.O. Box is unacceptable.</small>	Name The Corporation Company, Inc.		
	Street Address 112 SW 7th Street, Suite 3C		
	City Topeka	State KS	Zip 66603
<b>3. Mailing address</b> <small>Address will be used to send official mail from the Secretary of State's Office.</small>	Attention Name Stinson Leonard Street LLP		
	Address 1201 Walnut Street, Suite 2900		
	City Kansas City	State MO	Zip 64106
			Country USA
<b>4. Tax closing month</b>	December		
<b>5. Nature of corporation's business of purpose</b>	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.		
<b>6. Will this corporation have the authority to issue capital stock?</b>	<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.			
<b>7. Are the conditions of membership fixed by bylaws</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If no, state the conditions of membership:

Bz

**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**

Perpetual

Date corporation will cease:

Month

Day

Year

**11. Effective date**

Must be within 90 days of filing.

Upon filing

Future effective date:

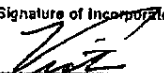
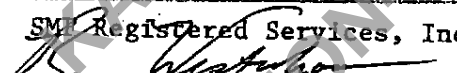
Month

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