# 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

Filing Fee: \$25



Certificate of Formation Nonprofit Corporation This space reserved for office use.

F I L E D In the Office of the Secretary of State of Texas

JUL 0 2 2015

**Corporations Section** 

### Article 1 - Entity Name and Type

The filing entity being formed is a nonprofit corporation. The name of the entity is:

THE FIELDS	ON SUNSET	'HOMEOWNERS'	ASSOCIATION, INC

## Article 2 - Registered Agent and Registered Office

		complete cither A or B and		
Λ. The initial registered ag	ent is an organi	zation (cannot be entity na	med above) by the	name of:
OR  B. The initial registered age	ent is an individ	ual resident of the sta	te whose name	is set forth below:
WILL	S.	HARVEY		
First Name	Af. [.	Last Name		Suffix
C. The business address of the	registered agent	and the registered of	fice address is:	
4798 DONIPHAN, SUITE A	EL PA	SO	TX	79922
Street Address	City		State	Zip Code

### Article 3 - Management

The management of the affairs of the corporation is vested in the board of directors. The number of directors constituting the initial board of directors and the names and addresses of the persons who are to serve as directors until the first annual meeting of members or until their successors are elected and qualified are as follows:

A minimum of three directors is required.

Director 1	ctor I				
WILL	S.	HARVEY			
First Name	М.І.	. Last Name .			Suffix
4798 DONIPHAN, SUITE A	EL PA	so	TX	79922	USA
Street or Mailing Address	City		State	Zip Code	Country

Form 202

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Secretary of State

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Director 2	1 E 314 E 21	Part Called Street				
AC + CONTINUES IN		GRAY				
KATHERINE First Name	М,І,	Last Name			Suffix	
4798 DONIPHAN, SUITE A	EL PASO		TX	79922	USA	
Street or Mailing Address	Clty		State	Zip Code	Country	
Director 3	· · · · · · · · · · · · · · · · · · ·					
Director 3						
SALLY		BROADDU	S		Suffix	
First Name	M.I.	Last Name			Super	
4798 DONIPHAN, SUITE A	EL PASO		TX	79922	USA	
Street or Mailing Address	City		State	Zip Code	Country	
The management of the affairs of the corporation is to be vested in the nonprofit corporation's members.  Article 4 – Membership  (See instructions. Do not select statement B if the corporation is to be managed by its members.)  A. The nonprofit corporation shall have members.						
B. The nonprofit corporation w	vill have no memu	bers.				
(See instructions. This form does not con	Article 5 – ntain language needed	- Purpose d to obtain a tax-e	exempt stati	is on the state or	federal level.)	
The nonprofit corporation is organization	zed for the follow	ing purpose or	purposes	;		
maintenance and administration of all common areas and amenities of the Fields Subdivision in El Paso, Texas,						
and enforcement and administration of	the rules, covenan	nts and restriction	ns of the F	ields Subdivisi	on in El Paso,	
Texas and collection and disbursemer			ued in box			
The following text area may be used to include any additional language or provisions that may be needed to obtain tax-exempt status.						
charges collected from the owners of properties within the Fields Subdivision in El Paso, Texas.						

Form 202

# Supplemental Provisions/Information

(See instructions.)

Text Area: The attached addendum, it any, is in	remperated neight by teresteers				
1					
			]		
	Organizer				
The name and address of the organization	er;				
TAFFY BAGLEY					
Name					
	101 - D A OZN	TV	79901		
201 EAST MAIN, SUITE 1501 Street or Mailing Address	EL PASO City	TX State	Zip Code		
<del></del>	•	au A 15 au C3			
Effect	iveness of Filing (Select eithe	er A, II, or C.)			
A. This document becomes effec	tive when the document is	filed by the secreta	ry of state.		
B. This document becomes effec					
the date of signing. The delayed effective		- 1,00 mary winds mill	V V V V V V V V V V V V V V V V V V V		
		tre event or fact of	per than the		
C. This document takes effect up	On the occurrence of a full	are event or sact, on	ive num mv		
passage of time. The 90th day after t	ne date of signing is:	Name to a set of the s	acquibad balann		
The following event or fact will cause the document to take effect in the manner described below:					
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	Execution				
The undersigned affirms that the person designated as registered agent has consented to the appointment. The undersigned signs this document subject to the penalties imposed by law for the					
submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized to execute the filing instrument.					
undersigned is authorized to execute	the filing instrument.	//	7		
Date: Aug 2015		//			
The state of the s	- //,		<b>\</b>		
V	Signature of one phiz	<del>)</del> / / /	4		
	( / ///)	1 1 1 0	/		
	TAFFY HAGLE Printed or typed nan				
•	Printed or typed nan	ne of organizer			