Articles of Incorporation - Business/Professional

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - sos.oregon.gov/business - Phone: (503) 986-2200

◉ BUSINESS CORPORATION (Complete items 1, 2, 3, 4, 5, 6, 9 and 12. Items 7, 8, 10 and 11 are optional.)

○ PROFESSIONAL CORPORATION (Complete all Items. Note: Item 8, 10 and 11 are optional.)

REGISTRY NUMBER: ~~1944426~~ 1587881-91 FILED

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record. We must release this information to all parties upon request and it will be posted on our website.

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OREGON SECRETARY OF STATE

Please Type or Print Legibly in **Black** Ink. **Attach Additional Sheet if Necessary.**

1. **NAME OF CORPORATION:** Above & Beyond Flagging Inc

NOTE: For a BUSINESS CORPORATION, the name must contain the word "Corporation", "Company", "Incorporated", or "Limited" or an abbreviation of one of such words. For a PROFESSIONAL CORPORATION, the name must contain the words "Professional Corporation", or abbreviations thereof, i.e., "P.C.", or Prof. Corp".

2. **PRINCIPAL OFFICE:** (Must be a physical street address)
92478 Cape Arago Hwy Sp53
Coos Bay, OR 97420

3. **REGISTERED AGENT:** (Individual or entity that will accept legal service for this business)
Nonda Rider

4. **REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS:** (Must be an **Oregon Street Address**, which is identical to registered agent's office.)
92478 Cape Arago Hwy Sp53
Coos Bay, OR 97420

5. **ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:**
92478 Cape Arago Hwy Sp53
Coos Bay, OR 97420

6. **NUMBER OF SHARES: (At least one share must be listed.)**
1

7. **IF RENDERING A LICENSED PROFESSIONAL SERVICE OR SERVICES, DESCRIBE THE SERVICE(S) BEING RENDERED:** *(PROFESSIONAL CORPORATION ONLY) ORS 58.015(5)(m)*
Traffic Control

8. **OPTIONAL PROVISIONS:** (Attach a separate sheet if necessary.)
○ **BENEFIT COMPANY:** The Corporation is a benefit company subject to ORS 60.750 - 60.770. (additional requirements apply)
○ **INDEMNIFICATION:** The corporation elects to indemnify its directors, officers, employees, agents for liability and related expenses under ORS 58.185 or 60.387 - 60.414.
○ **SEE ATTACHED**

9. **WHO IS FORMING THIS BUSINESS?** (INCORPORATORS)
List names and addresses of each incorporator. Attach a separate sheet if necessary.
Nonda Rider
92478 Cape Arago Hwy Sp53
Coos Bay, OR 97420

LIST INITIAL PRESIDENT AND SECRETARY NAMES AND ADDRESSES (MAY BE REQUIRED BY YOUR BANK)

10. **INITIAL PRESIDENT** (Name and Address)
Nonda Rider
92478 Cape Arago Hwy Sp 53
Coos Bay, OR 97420

11. **INITIAL SECRETARY** (Name and Address)
Nonda Rider
92478 Cape Arago Hwy Sp53
Coos Bay, OR 97420

12. **INDIVIDUAL WITH DIRECT KNOWLEDGE**
List the name and address of at least one individual who is a director, or controlling shareholder of the corporation or an authorized representative with direct knowledge of the operations and business activities of the corporation.
Nonda Rider
92478 Cape Arago Hwy Sp53
Coos Bay, OR 97420

13. **EXECUTION/SIGNATURE OF EACH PERSON WHO IS FORMING THIS BUSINESS:** (Incorporator)
I declare as an authorized signer, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any officers, directors, employees or agents of the corporation. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

Signature:	Printed Name:	Title:
Nonda Rider	Nonda Rider	

CONTACT NAME: (To resolve questions with this filing) **PHONE NUMBER:** (Include area code)
Nonda Rider 541-294-6710

ABOVE & BEYOND FLAGGING INC

158788191-20308560 NEWINC