



Articles of Incorporation - Nonprofit

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

FILED: JUN 21, 2024  
OREGON SECRETARY OF STATE



227958295-26390809

REGISTRY NUMBER:

227958295

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

SECOND CHANCE ANIMAL RESCUE...

NEWINC

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

1. NAME OF CORPORATION: SECOND CHANCE ANIMAL RESCUE INC

2. REGISTERED AGENT: (Individual or entity that will accept legal service for this business)

CORPORATE SERVICE CENTER, INC.

3. REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS:

(Must be an Oregon Street Address, which is identical to registered agent's office.)

401 NE 19th Ave Ste 200C

Portland OR 97232

4. ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:

401 NE 19th Ave Ste 200C

Portland OR 97232

5. TYPE OF CORPORATION: See definitions on next page, (ORS 65.001)

PUBLIC BENEFIT  MUTUAL BENEFIT  RELIGIOUS

6. WILL THE CORPORATION HAVE MEMBERS?  YES  NO  
ORS 65.001(28)

DISTRIBUTION OF ASSETS UPON DISSOLUTION:

7. (See the following page for details)

See attached

8. OPTIONAL PROVISIONS: (Attach a separate sheet if necessary.)

INDEMNIFICATION: The corporation elects to indemnify its directors, officers, employees, agents for liability and related expenses under ORS 65.387 to 65.414.

SEE ATTACHED

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, obscure, alter, or otherwise misrepresent the identity of any person including officers, directors, employees, members, managers or agents. 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:

Eliana Garcia

Title:

Incorporator

CONTACT NAME: (To resolve questions with this filing)

Processing Department

PHONE NUMBER: (Include area code)

1-800-638-2320 ex2225

Articles of Incorporation - Nonprofit (9/23)

Received Time Jun. 11. 2024 4:56PM No. 8587

FEES

Required Processing Fee \$50

Processing Fees are nonrefundable. Please make check payable to "Corporation Division".

Free copies are available at sos.oregon.gov/business using the Business Name Search program.