



## Office of the Secretary of State

December 01, 2010

Attn: Legalzoom.com, Inc.

Legalzoom.com, Inc.  
101 N. Brand Blvd, 10th Floor  
Glendale, CA 91203 USA

RE: Houston Area Chapter of the National Association of Residential Property Managers, Inc.  
File Number: 801349009

It has been our pleasure to file the certificate of formation and issue the enclosed certificate of filing evidencing the existence of the newly created nonprofit corporation.

Nonprofit corporations do not automatically qualify for an exemption from federal and state taxes. Shortly, the Comptroller of Public Accounts will be contacting the corporation at its registered office for information that will assist the Comptroller in setting up the franchise tax account for the corporation. Information about franchise tax, and contact information for the Comptroller's office, is available on their web site at <http://window.state.tx.us/taxinfo/franchise/index.html>. For information on state tax exemption, including applications and publications, visit the Comptroller's Exempt Organizations web site at <http://window.state.tx.us/taxinfo/exempt/index.html>. Information on exemption from federal taxes is available from the Internal Revenue Service web site at [www.irs.gov](http://www.irs.gov).

Nonprofit corporations do not file annual reports with the Secretary of State, but do file a report not more often than once every four years as requested by the Secretary. It is important for the corporation to continuously maintain a registered agent and office in Texas as this is the address to which the Secretary of State will send a request to file a periodic report. Failure to maintain a registered agent or office in Texas, failure to file a change to the agent or office information, or failure to file a report when requested may result in the involuntary termination of the corporation. Additionally, a nonprofit corporation will file documents with the Secretary of State if the corporation needs to amend one of the provisions in its certificate of formation. If we can be of further service at any time, please let us know.

Sincerely,

Corporations Section  
Business & Public Filings Division  
(512) 463-5555  
Enclosure

*Come visit us on the internet at <http://www.sos.state.tx.us/>*



## Office of the Secretary of State

### CERTIFICATE OF FILING OF

Houston Area Chapter of the National Association of Residential Property Managers,  
Inc.

File Number: 801349009

The undersigned, as Secretary of State of Texas, hereby certifies that a Certificate of Formation for the above named Domestic Nonprofit Corporation has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the date shown below.

The issuance of this certificate does not authorize the use of a name in this state in violation of the rights of another under the federal Trademark Act of 1946, the Texas trademark law, the Assumed Business or Professional Name Act, or the common law.

Dated: 11/30/2010

Effective: 11/30/2010



A handwritten signature in black ink, appearing to read "Hope Andrade".

Hope Andrade  
Secretary of State

**Form 202**

Secretary of State  
P.O. Box 13697  
Austin, TX 78711-3697  
FAX: 512/463-5709

Filing Fee: \$25

**Certificate of Formation  
Nonprofit Corporation**

Filed in the Office of the  
Secretary of State of Texas  
Filing #: 801349009 11/30/2010  
Document #: 343017020003  
Image Generated Electronically  
for Web Filing

**Article 1 - Corporate Name**

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

**Houston Area Chapter of the National Association of Residential Property Managers, Inc.**

**Article 2 - Registered Agent and Registered Office**

☐ A. The initial registered agent is an organization (cannot be corporation named above) by the name of:

OR

☒ B. The initial registered agent is an individual resident of the state whose name is set forth below:

Name:

**Jay Raman**

C. The business address of the registered agent and the registered office address is:

Street Address:

**2543 Rusk Street Houston TX 77003**

**Consent of Registered Agent**

☒ A. A copy of the consent of registered agent is attached. **8920447.pdf**

OR

☐ B. The consent of the registered agent is maintained by the entity.

**Article 3 - Management**

☐ A. Management of the affairs of the corporation is to be vested solely in the members of the corporation.

OR

☒ B. Management of the affairs of the corporation is to be vested in its board of directors. The number of directors, which must be a minimum of three, that constitutes the initial board of directors and the names and addresses of the persons who are to serve as directors until the first annual meeting or until their successors are elected and qualified are set forth below.

Director 1: **Reginald Nelson**

Title: **Director**

Address: **10710 Craighead Dr. Houston TX, USA 77025**

Director 2: **Leslie Guevara**

Title: **Director**

Address: **3801 Kirby Drive #152 Houston TX, USA 77098**

Director 3: **Jay Raman**

Title: **Director**

Address: **2543 Rusk Street Houston TX, USA 77098**

Director 4: **Kim Beggs**

Title: **Director**

Address: **2106 Green Briar Colony Dr. Houston TX, USA 77032**

**Article 4 - Organization Structure**

☒ A. The corporation will have members.

or

☐ B. The corporation will not have members.

**Article 5 - Purpose**

The corporation is organized for the following purpose or purposes:

**Establish a permanent trade association in the residential property management**

industry in the Houston geographical area.

**Supplemental Provisions / Information**

**This corporation is organized exclusively for one or more of the purposes as specified in Section 501(c)(6) of the Internal Revenue Code, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(6) of the Internal Revenue Code.**

**This corporation is a nonprofit MUTUAL BENEFIT CORPORATION organized under the Nonprofit Mutual Benefit Corporation Law. The purpose of this corporation is to engage in any lawful act or activity, other than credit union business, for which a corporation may be organized under such law.**

**The Corporation is organized and shall be operated on a not-for-profit basis and exclusively as a business league within the meaning of Section 501 (c) (6) of the Internal Revenue Code (or the corresponding provisions of any future United States federal tax law). The specific purposes of this corporation are Establish a permanent trade association in the residential property management industry in the Houston geographical area.**

**Upon the dissolution of this corporation, its assets remaining after payment, or provision for payment, of all debts and liabilities of this corporation shall be distributed for one or more exempt purposes within the meaning of Section 501(c)(6) of the Internal Revenue Code or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a court of competent jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said court shall determine, which are organized and operated exclusively for such purposes**

**No substantial part of the activities of this corporation shall consist of carrying on propaganda, or otherwise attempting to influence legislation (except as otherwise provided by Section 501(h) of the Internal Revenue Code), and this corporation shall not participate in, or intervene in (including the publishing or distribution of statements), any political campaign on behalf of, or in opposition to, any candidate for public office.**

**No part of the net earnings of this corporation shall inure to the benefit of, or be distributable to, its members, directors, officers, or other private persons, except that this corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in these articles.**

**Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on by a corporation exempt from federal income tax under section 501(c)(6) of the Internal Revenue Code, or the corresponding section of any future federal tax code. Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(6) of the Internal Revenue**



Code, or corresponding section of any future federal tax code. Any such assets not so disposed of shall be disposed of by the Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located exclusively for such purposes or to such organization or organizations, as said Court shall determine which are organized and operated exclusively for such purposes. This organization is neither organized for profit nor organized to engage in an activity ordinarily carried on for profit, and no part of the net earnings of this organization will benefit any private shareholder or individual

All references to sections of the Internal Revenue Code shall include such sections as of the date hereof and the corresponding section of any future federal tax code.

[The attached addendum, if any, is incorporated herein by reference.]

#### Effectiveness of Filing

☒ A. This document becomes effective when the document is filed by the secretary of state.

OR

☐ B. This document becomes effective at a later date, which is not more than ninety (90) days from the date of its signing. The delayed effective date is:

#### Organizer

The name and address of the organizer are set forth below.

**Eileen Gallo**      **101 N. Brand Blvd., 10th Floor, Glendale, CA 91203**

#### 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 under the provisions of law governing the entity to execute the filing instrument.

**Eileen Gallo, Legalzoom.com, Inc.**

Signature of organizer.

FILING OFFICE COPY

Order #25725551

Form 401-A  
(Revised 12/09)

**Acceptance of Appointment  
and  
Consent to Serve as Registered Agent  
§5.201(b) Business Organizations Code**

The following form may be used when the person designated as registered agent in a registered agent filing is an individual.

Acceptance of Appointment and Consent to Serve as Registered Agent

I acknowledge, accept and consent to my designation or appointment as registered agent in Texas for  
**Houston Area Chapter of the National Association of Residential Property Managers, Inc**

*Name of represented entity*

I am a resident of the state and understand that it will be my responsibility to receive any process, notice, or demand that is served on me as the registered agent of the represented entity; to forward such to the represented entity; and to immediately notify the represented entity and submit a statement of resignation to the Secretary of State if I resign.

X: \_\_\_\_\_

*Signature of registered agent*

**Jay Raman**

*Printed name of registered agent*

**Nov 4, 2010**

*Date (mm/dd/yyyy)*

The following form may be used when the person designated as registered agent in a registered agent filing is an organization.

Acceptance of Appointment and Consent to Serve as Registered Agent

I am authorized to act on behalf of \_\_\_\_\_

*Name of organization designated as registered agent*

The organization is registered or otherwise authorized to do business in Texas. The organization acknowledges, accepts and consents to its appointment or designation as registered agent in Texas for:

*Name of represented entity*

The organization takes responsibility to receive any process, notice, or demand that is served on the organization as the registered agent of the represented entity; to forward such to the represented entity; and to immediately notify the represented entity and submit a statement of resignation to the Secretary of State if the organization resigns.

X: \_\_\_\_\_

*Signature of person authorized to act on behalf of organization*

*Printed name of authorized person*

*Date (mm/dd/yyyy)*

Form **SS-4**

(Rev. July 2007)

Department of the Treasury  
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

OMB No. 1545-0003

EIN

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested <b>The Houston Metropolitan Chapter of the National Association of Residential Property Managers, Inc.</b>		
2 Trade name of business (if different from name on line 1)	3 Executor, administrator, trustee, "care of" name <b>Jay Raman</b>	
4a Mailing address (room, apt., suite no. and street, or P.O. box) <b>2106 Greenbriar Colony Drive</b>	5a Street address (if different) (Do not enter a P.O. box.)	
4b City, state, and ZIP code (if foreign, see instructions) <b>Houston, Texas 77032-2030</b>	5b City, state, and ZIP code (if foreign, see instructions)	
6 County and state where principal business is located <b>Harris, Texas</b>		
7a Name of principal officer, general partner, grantor, owner, or trustee	7b SSN, ITIN, or EIN <b>225-19-3581</b>	
8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8b If 8a is "Yes," enter the number of LLC members ▶		
8c If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
9a Type of entity (check only one box). <b>Caution.</b> If 8a is "Yes," see the instructions for the correct box to check.		
<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Personal service corporation <input type="checkbox"/> Church or church-controlled organization <input checked="" type="checkbox"/> Other nonprofit organization (specify) ▶ <b>Mutual Benefit</b> <input type="checkbox"/> Other (specify) ▶ _____		
<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (TIN) _____ <input type="checkbox"/> Trust (TIN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) if any ▶ _____		
9b If a corporation, name the state or foreign country (if applicable) where incorporated	State	Foreign country
10 Reason for applying (check only one box)		
<input checked="" type="checkbox"/> Started new business (specify type) ▶ <b>Mutual Benefit</b> <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ _____		
<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____		
11 Date business started or acquired (month, day, year). See instructions. <b>11/30/10</b>		12 Closing month of accounting year <b>December 31</b>
13 Highest number of employees expected in the next 12 months (enter -0- if none).		14 Do you expect your employment tax liability to be \$1,000 or less in a full calendar year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If you expect to pay \$4,000 or less in total wages in a full calendar year, you can mark "Yes.")
Agricultural <b>0</b>	Household <b>0</b>	Other <b>0</b>
15 First date wages or annuities were paid (month, day, year). <b>Note.</b> If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) . . . . . ▶ <b>N/A</b>		
16 Check one box that best describes the principal activity of your business.		
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input checked="" type="checkbox"/> Other (specify) <b>Mutual Benefit</b>		
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. <b>Establish a permanent trade association in the residential property management industry in the Houston.</b>		
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," write previous EIN here ▶ _____		
Complete this section <b>only</b> if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.		
Third Party Designee	Designee's name <b>Jake Varghese</b>	Designee's telephone number (include area code) <b>(323) 962-8600 x529</b>
	Address and ZIP code <b>101 N. Brand Ave., 10th Floor, Glendale, CA 91203</b>	Designee's fax number (include area code) <b>(323) 790-1991</b>
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Applicant's telephone number (include area code) <b>(832) 364-6025</b>
Name and title (type or print clearly) ▶ <b>Jay Raman, Treasurer</b>		Applicant's fax number (include area code) <b>(866) 466-0319</b>
Signature ▶ _____		Date ▶ _____



7083 Hollywood Blvd., Suite 180  
Los Angeles, CA 90028

***LegalZoom.com, Inc***

101 N. Brand Blvd., 10<sup>th</sup> Floor  
Glendale, CA 91203

***ATTN: Obtainment Required***





## MEMBERSHIP CERTIFICATE

This Certifies that \_\_\_\_\_ is a duly Approved  
Member of the above Non-profit Corporation and as such member, is entitled to all the privileges and  
benefits as provided in the Constitution and By-Laws of this Corporation, subject to all the laws, rules  
and regulations of the Corporation now in effect or which may hereafter be adopted from time to time.  
This Certificate of Membership is non-transferable and non assignable except as provided in said By-Laws.

In Witness Whereof, the said Corporation has caused this Certificate to be signed by its duly  
authorised officers and its Corporate Seal to be hereunto affixed  
this \_\_\_\_\_ day of \_\_\_\_\_ A.D.

