

# State of Minnesota Office of the Secretary of State

See instructions on reverse side for completing this form.

## ARTICLES OF INCORPORATION Chapter 317A Non-Profit Corporation Law of 1989

The undersigned incorporators, who are natural persons 18 years of age or older, in order to form a corporate entity under Minnesota Statutes, Chapter 317A, adopt the following articles of incorporation:

#### ARTICLE I

The nai	me of	the	corpo	oration	15:
---------	-------	-----	-------	---------	-----

Corporation Name

Hmong Cultural Center Incorporated .

#### ARTICLE II

The registered office of this corporation is located at:

Street Address (You may not list a P.O. Box)	City, State, Zip	County
870 Burr Street	Saint Paul, Minnesota	Ramsey

### 'ARTICLE III

We, the undersigned incorporators certify that we are authorized to execute these articles on and further certify that we understand that by signing these articles, we are subject to the penalties of perjury as set forth in section 609.48 as if we had signed these articles in under oath.

The names and addresses of the incorporators are (Note: Only one incorporator is required under Section 317A.105):

Name 	Address (may not be a post office box)	Incorporator's Signature (All incorporators must sign the articles)
Thao, Song Ger	310# C Arundel St. Saint Paul,MN 55103	Songgerthau
Xiong, Nao Her	155 # B Biglow LN Saint Paul,MN 55117	NAOHER XIONE,
Yang, Chong Toua	807 Wanburen Ave Saint Paul, MN 55104 i	Chong I Jans
Vang, Ga Pao	1126 Barclay St Saint Paul, MN 55106	7
Lor, Wang Chong	1521 Magnolia Ave Saint Paul,MN 55106	Wany-Chong lov
Vue, Sia Yeng	519 St. Anthony Ave Saint Paul, 55103	
Ly, Palao Xiong Pa	o 870 Burr St. Saint Paul, MN	DEPARTMENT OF STATE FILED XIONIGNIPAG 1447

55101

And Anderson Howel Secretary of State

SECRETARY OF STATE

2340

# CERTIFICATE OF INCORPORATION

I, Joan Anderson Growe, Secretary of State of Minnesota, do certify that: Articles of Incorporation, duly signed and acknowledged under oath, have been filed on this date in the Office of the Secretary of State, for the incorporation of the following corporation, under and in accordance with the provisions of the chapter of Minnesota Statutes listed below.

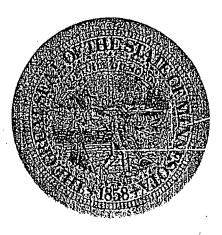
This corporation is now legally organized under the laws of Minnesota.

Corporate Name: Hmong Cultural Center Incorporated

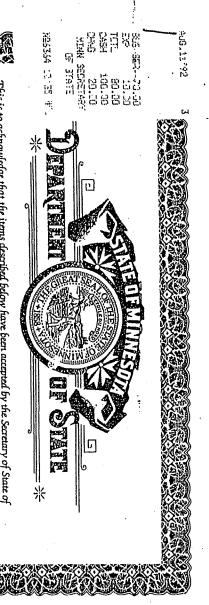
Corporate Charter Number: 1H-897

Chapter Formed Under: 517A

This certificate has been issued on 08/11/1992.



Loan anderson Growne Secretary of State.



This is to acknowledge that the items described below have been accepted by the Secretary of State of Minnesona on the date noted. Those documents will be microfilmed and the original will be returned to the submitter within ten days. The microfilm will be available for public inspection at the office of the Secretary of State.

Description of tem

Description of

Description of Item

Description of Item

Description of Item

Description of Item

Company Name

Harlicles of Incorporation & S/11/93

State of Minnesota

Office of the Secretary of State

Componition Division

180 State Office Building

St. Paul, MN 55155 (612) 296-2803

St. Paul, MN 55155 (612) 296-2803

-



# MINNESOTA SECRETARY OF STATE AMENDMENT OF ARTICLES OF INCORPORATION 5194

BEFORE COMPLETING THIS FORM, PLEASE READ INSTRUCTIONS LISTED BELOW.

Hmong Cultural Center Incorporated		and state of the s
This amendment is effective on the day it is filed with the Se later than 30 days after filing with the Secretary of State.		u indicate another date, no
Y	. ,	•
The following amendment(s) of articles regulating the above amended article(s) indicating which article(s) is (are) being am not fit in the space provided, attach additional numbered pages   ARTICLEX	ended or added.) If the fulls. (Total number of pages in	I text of the amendment wi
Any amendment of this charter must be proofficer of the Hmong Cultural Center and Board of Directors in order to get passed	need a two-third maj	

This amendment has been approved pursuant to Minnesota Statutes chapter 302A or 317A. I certify that I am authorized to execute this amendment and I further certify that I understand that by signing this amendment, I am subject to the penalties of perjury as set forth in section 609.48 as if I had signed this amendment under oath.

(Signature of Authorized Person)

#### INSTRUCTIONS

- 1. Type or print with black ink.
- 2. A Filing Fee of: \$35.00, made payable to the Secretary of State.
- 3. Return completed forms to:

Secretary of State 180 State Office Building St. Paul, MN 55155-1299 (612)296-2803

08921340 Rev. 8/92

FOR OFFICE USE ONLY

STATE OF MINNESOTA DEPARTMENT OF STATE FILED

FEB 2 31993

Verd Anderson Grower

Secretary of State

울혈뜋쁣 NE3021 09:43 #01 OF STATE 35.00 10.00 45.00 45.00

of State submitter within ten days. The microfilm will be available for public inspection at the office of the Secretary, Minnesota on the date noted. Those documents will be microfilmed and the original will be returned to the This is to acknowledge that the items described below have been accepted by the Secretary of State of 036903

RI NO. NOT VALID UNTIL RI NUMBER IS AFFIXED

St. Paul, MN 55155 (612) 296-2803 Office of the Secretary of State 180 State Office Building Corporation Division State of Minnesota

Evidence of Filing

SC-00184-01

是主义	

RECEIPT NUMBER

FOR FURTHER INFORMATION CALL: STATE OF MINNESOTA 180 STATE OFFICE BUILDING 100 CONSTITUTION AVE. ST. PAUL, MINNESOTA 55155-1299 612/296-2803 612/296-2805 612/296-7976 612/296-2434 SECRETARY OF STATE JOAN ANDERSON GROWE Information Lines Elections Refunds UCC

(C) (C) (C)			
70 20 44 44	•		r S
28692			ř
•			<u>.</u>
·. ~		٠	

5US 55.00 5XP 10.00 TOTL 3021.09:43FEB.28#01 CHCK

Day Phone: 22 8 - 111 8

Contact Person:

45.00 45.00

					35						10	571
I TAIE IN	PA RLP RN SP TM	XRO DHN DTR DAS	ORO OT ORD OMA	OT DRD DRN DTMA DWD DAOCDEX DRV	☐ Annual Report	□ Tax	tpe Dostage	D   PR   TERM			□ DA	TOTAL FEES
ONLY	FC FLP LFC LLC LP	ONH OR OR	CO CO CO CON COR CIRA CIRLA CIRCA	D GRN CTMA	☐ Auctioneer ☐ Ann		☐ Labels ☐ Tape _	☐ ASSIGN ☐ AMEN	LS   NS TLS	v    Certificate	Surcharge (Zexp. Service	The state of the s
FOR OFFICE USE ONLY	on no	ONL	M C		ewspaper		☐ Diskette	NS LI OS LI CONT	UCC Filing: ☐ FS ☐ NS ☐ OS ☐ CONT ☐ ASSIGN ☐ AMEND ☐ PR ☐ TERM Search - Initial Fee: ☐ FSS ☐ NS FSS ☐ TLS ☐ NS TLS	Departs Conv	Surchard	4 .
	AA AN BK BT		A 2		1 1	er:		u	Soarch Initial Fee:	Search - mind   CC: C	100	Business Name: //

Return To:

Ŋ

AMOUNT PAID

ADDITIONAL FEE DUE (PLEASE PUT RECEIPT NUMBER LOCATED AT TOP OF THIS FORM ON ALL YOUR REMITTANCES)

REFUND (\$1.00 OR LESS WILL NOT BE REFUNDED PURSUANT TO M.S. 16A. 49.) OFFICE REFERENCE NUMBER

> CANARY: Office Routing Copy Fiscal Operations WHITE: Customer SC-00065 Rev. 12/92

Dishonored checks will be assessed a \$20 service fee set by law.

NOTICE:

BLUE: Fiscal Cperations

REFUNDS FOR ANY AMOUNT OVER \$1.00 WILL BE MAX'ED WITHIN A FEW WEEKS FROM THE DEPT. OF FINANCE.

DATE FILE

THANK YOU FOR YOUR BUSINESS!