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Articles of Incorporation - Business/Professional

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - http://www.FilingInOregon.com - Phone: (503) 986-2200

BUSINESS CORPORATION (Complete items 1, 2, 3, 4, 5, 8, 9. Item 7 is optional.)

PROFESSIONAL CORPORATION (Complete all Items. Note: Item 7 is optional.)

FILED

FEB 25 2014

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REGISTRY NUMBER: 998361-90

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.

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

1. NAME OF CORPORATION: Emerald Corner Corporation

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

Clay Bearson

5. NUMBER OF SHARES: (At least one share must be listed.)

1000

6. IF RENDERING A LICENSED PROFESSIONAL SERVICE OR SERVICES, DESCRIBE THE SERVICE(S) BEING RENDERED: (PROFESSIONAL CORPORATION ONLY)

3. REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS: (Must be an Oregon Street Address, which is identical to the registered agent's business office.)

1764 Dove Lane, Medford OR 97501

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

4. ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:

BENEFIT COMPANY: The Corporation is a benefit company subject to sections 1 to 11 of chapter 269, Oregon Laws 2013.

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

8. WHO IS FORMING THIS BUSINESS? (INCORPORATORS) (List names and addresses of each incorporator.) (Attach a separate sheet if necessary.)

see attached

9. EXECUTION/SIGNATURE OF EACH PERSON WHO IS FORMING THIS BUSINESS: (Incorporator)

By my signature, I declare as an authorized authority, that 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:

see attached

Printed Name:

Title:

CONTACT NAME: (To resolve questions with this filing)

EMERALD CORNER CORPORATION



99836190-14992166

NEWINC

FEES

Required Processing Fee \$100

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

Free copies are available at FilingInOregon.com using the Business Name Search program.