

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
CORPORATION BUREAU  
206 NORTH OFFICE BUILDING  
P. O. BOX 8722  
HARRISBURG, PA 17105-8722  
WWW.DOS.STATE.PA.US/CORPS

**JUN 20 2005**

**PATRIOTS CHOICE HOMEOWNERS ASSOCIATION, INC.**

THE CORPORATION BUREAU IS HAPPY TO SEND YOU YOUR FILED DOCUMENT. PLEASE NOTE THE FILE DATE AND THE SIGNATURE OF THE SECRETARY OF THE COMMONWEALTH. THE CORPORATION BUREAU IS HERE TO SERVE YOU AND WANTS TO THANK YOU FOR DOING BUSINESS IN PENNSYLVANIA.

IF YOU HAVE ANY QUESTIONS PERTAINING TO THE CORPORATION BUREAU, PLEASE VISIT OUR WEB SITE LOCATED AT [WWW.DOS.STATE.PA.US/CORPS](http://WWW.DOS.STATE.PA.US/CORPS) OR PLEASE CALL OUR MAIN INFORMATION TELEPHONE NUMBER (717)787-1057. FOR ADDITIONAL INFORMATION REGARDING BUSINESS AND/OR UCC FILINGS, PLEASE VISIT OUR ONLINE "SEARCHABLE DATABASE" LOCATED ON OUR WEB SITE.

ENTITY NUMBER : **3307647**

MICROFILM NUMBER : **2005053**

MICROFILM START - END : **1237 - 1239**

DANIEL M FREY  
BARLEY SNYDER LLC  
14 CENTER SQUARE  
HANOVER PA 17331

2005053-1237

PENNSYLVANIA DEPARTMENT OF STATE  
CORPORATION BUREAU

Articles of Incorporation-Nonprofit  
(15 Pa.C.S.)

Entity Number  
3307647

Domestic Nonprofit Corporation (§ 5306)  
 Nonprofit Cooperative Corporation (§ 7102B)

Name  
Daniel M. Frey, Esquire  
Address c/o Barley Snyder LLC  
14 Center Square  
City State Zip Code  
Hanover PA 17331

Document will be returned to the name and address you enter to the left.  
←

Fee: \$125

MAY 19 2005

Filed in the Department of State on

*Debra A. Carter*

Secretary of the Commonwealth

*Debra*

In compliance with the requirements of the applicable provisions (relating to articles of incorporation or cooperative corporations generally), the undersigned, desiring to incorporate a nonprofit/nonprofit cooperation corporation, hereby states that:

1. The name of the corporation is:  
Patriots Choice Homeowners Association, Inc.

2. The (a) address of this corporation's current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:  
(a) Number and Street City State Zip County  
160 Ram Drive Hanover PA 17331 York  
(b) Name of Commercial Registered Office Provider County  
c/o:

3. The corporate is incorporated under the Nonprofit Corporation Law of 1988 for the following purpose or purposes.  
Please refer to attached Exhibit "A"

4. The corporation does not contemplate pecuniary gain or profit, incidental or otherwise.

PA DEPT. OF STATE  
1400057.1

2005 MAY 19 PM 2:00

*Debra*

2005053-1238

DSCB:15-5306/7102B-2

5. Check one of the following:

- The corporation is organized on a non-stock basis.
- Option for Nonprofit Cooperative Corporation Only:* The corporation is organized on a stock share basis.

6. For Nonprofit Corporation Only:

*(Strike out if inapplicable):* The corporation shall have no members.

*(Strike out if inapplicable):* ~~The incorporators constitute a majority of the members of the committee authorized to incorporate: \_\_\_\_\_ by the requisite vote required by the organic law of the association for the amendment of such organic law.~~

7. For Nonprofit Cooperative Corporation Only:

Complete and strike out the inapplicable term: The corporation is a cooperative corporation and the common bond of membership among its (members) (shareholders) is: \_\_\_\_\_.

8. The name(s) and address(es) of each incorporator(s) is (are) (all incorporators must sign below):

Name(s)	Address(es)
Joseph A. Myers	160 Ram Drive, Hanover, PA. 17331
_____	_____
_____	_____

9. The specified effective date, if any, is:

\_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_ hour, if any

10. Additional provisions of the articles, if any, attach an 8½ x 11 sheet.

IN TESTIMONY WHEREOF, the incorporator(s) has/have signed these Articles of Incorporation this

19 day of May, 2005.  
*Joseph A. Myers*  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

2005053-1239**EXHIBIT "A"****Attached to the Articles of Incorporation  
of  
PATRIOTS CHOICE HOMEOWNERS' ASSOCIATION, INC.**

3. To be and constitute the Association of Unit Owners organized pursuant to Section 5201 of the Uniform Planned Community Act, Act of December 19, 1996, P.L. 1336, No. 180, as amended, and to which reference is made in the Declaration Creating and Establishing Patriots Choice, a Planned Community, recorded or to be recorded in the Office of the Recorder of Deeds of Adams County, Pennsylvania, and as may be amended from time to time, and with respect to Patriots Choice, a Planned Community, being a planned community situate in Cumberland Township, Adams County, Pennsylvania, to perform all obligations and duties of the Association. In furtherance of its purposes, the corporation may exercise all rights, privileges, powers and authority of a corporation organized under the Nonprofit Corporation Law of 1988, as amended, and of an association of unit owners organized under the Uniform Planned Community Act.

# Proof of Publication of Legal Advertisement in York Legal Record

JUL 07 2005

**YORK LEGAL RECORD** is the name of a legal newspaper as designated by the Act of Assembly approved April 24, 1931, P.L. 67, established on March 4, 1880, and issued continuously during a period of at least 6 months prior to the date hereof, owned and published by the **York County Bar Association**, a corporation, having its place of business at 137 East Market Street, in the City of York, Pennsylvania.

The printed copy of the advertisement hereto attached is a true copy, exactly as printed and published, of an advertisement printed in the regular issue of said **York Legal Record** published on the date following

JUNE 23, 2005

Jean Bednarski  
Agent of the **York County Bar Association**  
designated and authorized to verify Proofs of  
Publication of advertisements and notices published  
in the **York Legal Record**.

Commonwealth of Pennsylvania }  
County of York } Ss.:

Before me, LUCINDA J. VAN LAEYS, duly commissioned and residing in said County, personally came Jean Bednarski who being by me duly sworn, deposes and says that she is a designated and duly authorized agent of the **York County Bar Association** to verify proofs of publication of advertisements and notices published in **York Legal Record**, for and on behalf of said Association, and has personal knowledge of the publication of the advertisement or notice mentioned in the foregoing statement on the day or days above stated and that the allegations in said statement relative to the **York Legal Record** are true according to the best of her knowledge, information and belief, and that she is not interested, directly or indirectly, in the subject matter mentioned in said advertisement or notice.

Sworn and subscribed  
Before me this  
30<sup>th</sup> day of JUNE 2005

*Lucinda J. Van Laeys*

*Jean Bednarski*  
COMMONWEALTH OF PENNSYLVANIA

Notarial Seal  
Lucinda J. Van Laeys, Notary Public  
City of York, York County  
My Commission Expires Oct. 2, 2008

Received of **BARLEY SNYDER LLC**  
SIXTY AND 00/100 Dollars in payment of the charge for the publication of the  
above-mentioned advertisement and the expense of the above affidavit.

Advertisement \$60.00  
\$60.00

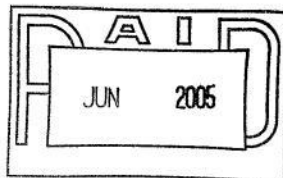
YORK COUNTY BAR ASSOCIATION

NOTICE is hereby given that Articles of Incorporation - Domestic Non-Profit Corporation were filed with the Department of State, Commonwealth of PA, at Harrisburg, PA, on May 19, 2005, for PATRIOTS CHOICE HOMEOWNERS ASSOCIATION, INC., under the provisions of the PA Non-Profit Corporation Law of 1988.

BARLEY SNYDER LLC

6-23-1t

Solicitor



# Proof of Publication of Legal Advertisement in The Evening Sun

AD # 1634473

PO # PATRIOTS

Copy of Advertisement Attached Here

**NOTICE**  
**ARTICLES OF INCORPORATION**  
NOTICE is hereby given that Articles of Incorporation - Domestic Non-Profit Corporation were filed with the Department of State, Commonwealth of Pennsylvania, at Harrisburg, Pennsylvania, on May 19, 2005, for **Patriots Choice Homeowners Association, Inc.**, under the provisions of the Pennsylvania Non-Profit Corporation Law of 1988.  
**BARLEY SNYDER LLC**  
Solicitors

THE EVENING SUN is the name of a daily newspaper published continuously for more than the last six months at its place of business, 135 Baltimore Street, in the Borough of Hanover, York County, Pennsylvania, which said daily newspaper was established on Feb. 8, 1915.

The printed copy of the advertisement hereto attached is a true copy, exactly as printed and published, of an advertisement printed in the regular issue of the said The Evening Sun published on the following dates, viz:

06/16/2005

THE EVENING SUN

By Tamara J. Krebs  
Classified Advertising Director

Commonwealth of Pennsylvania  
County of York, ss.:

Before me, a Notary Public, personally came Tamara Krebs who being duly sworn deposes and says that she is the Classified Advertising Director of The Evening Sun above mentioned in the foregoing statement, that, the facts set forth in said statement and all the allegations of said statement as to the time, place and character of publication are true, and that the affiant is not interested in the subject matter of the above mentioned advertisement.

Sworn and subscribed to before me this

16 day of June 2005

Carolyn A. Schreiber  
Notary Public

Tamara J. Krebs

COMMONWEALTH OF PENNSYLVANIA  
NOTARIAL SEAL  
CAROLYN A. SCHREIBER, Notary Public  
Hanover Boro., York County  
My Commission Expires April 8, 2008

Received of \_\_\_\_\_

\_\_\_\_\_ Dollars  
100

The charge for the publication of above mentioned advertisement and the expense of above affidavit.

Advertisement Cost	\$ 33.60
Affidavit Fee	\$ 5.00
Total Cost	\$ 38.60

Form <b>SS-4</b> (Rev. December 2001) Department of the Treasury Internal Revenue Service	<b>Application for Employer Identification Number</b> (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.	EIN  20-3658252  OMB No. 1545-0003						
1* Legal name of entity (or individual) for whom the EIN is being requested Patriots Choice Homeowners Association Inc								
2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name						
4a* Mailing address (room, apt., suite no. and street, or P.O. box) 160 Ram Drive		5a Street address (if different) (Do not enter a P.O. box)						
4b* City, state, and ZIP code Hanover PA 17331 -		5b City, state, and ZIP code						
6* County and state where principal business is located County Adams State PA								
7a Name of principal officer, general partner, grantor, owner, or trustor Joseph A Myers		7b SSN, ITIN, EIN 197-34-2411						
8a* Type of entity (check only one) <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"> <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  <input type="checkbox"/> Church or church-controlled organization  <input type="checkbox"/> Other nonprofit organization (specify) ▶  <input checked="" type="checkbox"/> Other (specify) ▶ homeowner associatio                             </td> <td style="width:50%; border: none;"> <input type="checkbox"/> Estate (SSN of decedent)  <input type="checkbox"/> Plan administrator (SSN)  <input type="checkbox"/> Trust (SSN of grantor)  <input type="checkbox"/> National Guard  <input type="checkbox"/> Farmers' cooperative  <input type="checkbox"/> REMIC                              Group Exemption NO. (GEN) ▶                         </td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"> <input type="checkbox"/> State/local government  <input type="checkbox"/> Federal government/military  <input type="checkbox"/> Indian tribal government/enterprises                         </td> </tr> </table>			<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 <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input checked="" type="checkbox"/> Other (specify) ▶ homeowner associatio	<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC Group Exemption NO. (GEN) ▶		<input type="checkbox"/> State/local government <input type="checkbox"/> Federal government/military <input type="checkbox"/> Indian tribal government/enterprises		
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	<input type="checkbox"/> State/local government <input type="checkbox"/> Federal government/military <input type="checkbox"/> Indian tribal government/enterprises							
8b If a corporation, name the state or foreign country (if applicable) where incorporated		State PA						
9* Reason for applying (check only one) <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"> <input checked="" type="checkbox"/> Started new business (specify type)                      ▶ homeowner associatio  <input type="checkbox"/> Hired employees (Check the box and see line 12)  <input type="checkbox"/> Compliance with IRS withholding regulations  <input type="checkbox"/> Other (specify) ▶                 </td> <td style="width:50%; border: none;"> <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) ▶                 </td> </tr> </table>			<input checked="" type="checkbox"/> Started new business (specify type) ▶ homeowner associatio <input type="checkbox"/> Hired employees (Check the box and see line 12) <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) ▶				
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10* Date business started or acquired (month, day, year) MAY 19 2005		11 Closing month of accounting year DEC						
12 First date wages or annuities were paid or will be paid (month, day, year) <i>Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) .....</i> ▶								
13 Highest number of employees expected in the next twelve months <i>Note: If the applicant does not expect to have any employees during the period, enter "0"</i> .....		<table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;">Agriculture</td> <td style="width:33%; border: none;">Household</td> <td style="width:33%; border: none;">Other</td> </tr> </table>	Agriculture	Household	Other			
Agriculture	Household	Other						
14* Check box that best describes the principal activity of your business <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;"> <input type="checkbox"/> Construction  <input type="checkbox"/> Real estate                 </td> <td style="width:33%; border: none;"> <input type="checkbox"/> Rental &amp; leasing  <input type="checkbox"/> Manufacturing                 </td> <td style="width:33%; border: none;"> <input type="checkbox"/> Transportation &amp; warehousing  <input type="checkbox"/> Finance &amp; insurance                 </td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"> <input type="checkbox"/> Health care &amp; social assistance  <input type="checkbox"/> Accommodation &amp; food service  <input type="checkbox"/> Retail                 </td> <td style="border: none;"> <input type="checkbox"/> Wholesale-agent/broker  <input type="checkbox"/> Wholesale-other                 </td> </tr> </table> <input checked="" type="checkbox"/> Other (specify) homeowner association			<input type="checkbox"/> Construction <input type="checkbox"/> Real estate	<input type="checkbox"/> Rental & leasing <input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Finance & insurance		<input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Retail	<input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Wholesale-other
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	<input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Retail	<input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Wholesale-other						
15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. managing homeowner association								
16a* Has the applicant ever applied for an employer identification number for this or any other business? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Note If "Yes" please complete lines 16b and 16c</i>								
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ Trade name ▶								
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (month, day, year)   City and state where filed   Previous EIN								
Complete section only 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 Daniel M Frey Address and ZIP code 14 Center Square Hanover PA 17331 -	Designee's telephone number (include area code) ( 717 ) 637 - 6239 Designee's fax number (include area code) ( 717 ) 637 - 5407						
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. Name and title (type or print clearly)		Applicant's telephone number (include area code)						

▶ <u>Joseph A Myers President</u> Signature ▶ <b>Not Required</b>	Date ▶	October 20, 2005 GMT	( <u>717</u> ) <u>632</u> - <u>9406</u> Applicant's fax number (include area code) ( <u>717</u> ) <u>637</u> - <u>8840</u>
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