

**State of California  
Secretary of State**

**CERTIFICATE OF REGISTRATION OF  
UNINCORPORATED NONPROFIT ASSOCIATION**

**Association Reg. No. 11569**

I, DEBRA BOWEN, Secretary of State of the State of California, do hereby certify that, in accordance with the application filed in this office, the ASSOCIATION named below has been registered.

Name of Association: **BAY MALAYALI SPORTS AND ARTS CLUB**

Address: **962 Stone Street, Union City, CA 94587**

Insignia: **None**

Date of Registration: **April 14, 2010**

**IN WITNESS WHEREOF**, I execute  
this certificate and affix the Great Seal  
of the State of California this day of  
June 28, 2010.



*Debra Bowen*

**DEBRA BOWEN  
Secretary of State**



# State of California Secretary of State

REG. NO. 11569

## REGISTRATION OF UNINCORPORATED NONPROFIT ASSOCIATION PURSUANT TO CALIFORNIA CORPORATIONS CODE SECTION 21300

**FILED**  
In the Office of the Secretary of State  
of the State of California

APR 14 2010 *BT*

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Instructions:

- Complete and mail to: Secretary of State, Document Filing Support Unit, P. O. Box 944225, Sacramento, CA 94244-2250 (916) 657-5448
- Include filing fee of \$10.00 per box checked below.

Association includes any lodge, order, beneficial association, fraternal or beneficial society, historical, military, or veterans organization, labor union, foundation, or federation, or any other society, organization, or association, or degree, branch, subordinate lodge, or auxiliary thereof.

Registration For:

Name                       Insignia                       Alteration                       Cancellation

Association Name  
BAY MALAYALI SPORTS AND ARTS CLUB

Street or Mailing Address 962 STONE ST	City and State UNION CITY , CA	Zip Code 94587
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Nature of Alteration (If Any):

Description of Insignia, which may include badge, motto, button, decoration, charm, emblem, or rosette:

Attach Facsimile:

I declare under penalty of perjury under the laws of the State of California that I am a chief officer of the association; that I am authorized to act on behalf of the association with respect to completing and submitting this application; that the information contained in this application is true and correct.

*Lebon Mathew*                      3/26/10  
Signature of Officer                      Date

LEBON MATHEW, PRESIDENT  
Typed Name and Title

*Saju Joseph*                      3/26/10  
Signature of Additional Officer (Optional)                      Date

SAJU JOSEPH SECRETARY  
Typed Name and Title