# DOMESTIC NONPROFIT CORPORATION

### STATE OF MAINE

### ARTICLES OF INCORPORATION

	Deputy Secretary of State
A	True Copy When Attested By Signature
	Deputy Secretary of State

			Deputy Secretary of State			
Pursuant to 13	-B MRSA	\$403, the undersigned incorporator(s) execute	e(s) and deliver(s) the following Articles of Incorporation:			
FIRST:	The n	ame of the corporation is				
SECOND:	("X" one box only. Attach additional page(s) if necessary.)					
		The corporation is organized as a public be	enefit corporation for the following purpose or purposes:			
		The corporation is organized as a mutual l not for all such purposes, then for the follo	penefit corporation for all purposes permitted under Title 13-B or, if wing purpose or purposes:			
THIRD:	The R	Registered Agent is a: (select <b>either</b> a Commer				
		Commercial Registered Agent	CRA Public Number:			
	(name of commercial registered agent)					
		Noncommercial Registered Agent				
		(name of non	commercial registered agent)			
		(physical location, not P	O. Box – street, city, state and zip code)			
		(mailing ad	dress if different from above)			

**FOURTH:** 

Pursuant to 5 MRSA §108.3, the new commercial registered agent as listed above has consented to serve as the registered agent for this nonprofit corporation.

FIFTH:	The number of directors (not less than 3) constitu	iting the initial board of directors of th	e corporation, if the number has
	been designated or if the initial directors have been	n chosen, is	·
	The minimum number of directors (not less than of directors shall be		and the maximum number
SIXTH:	Members: ("X" one box only.)		
	<ul><li>There shall be no members.</li><li>There shall be one or more classes of members.</li></ul>	embers and the information required by	v 13-B MRSA §402 is attached.
SEVENTH:	(Optional) (Check if this article is	s to apply.)	
	No substantial part of the activities of the Corpor influence legislation, and the Corporation shall no of statements) any political campaign on behalf o	ot participate in or intervene in (including	
EIGHTH:	(Optional) (Check if this article is	s to apply.)	
	Other provisions of these articles including prodistribution of assets on dissolution or final liq 501(c) are set out in Exhibit attached here	uidation and the requirements of the	
Incorporators		Dated	
		Street	
	(signature)	(resid	lence address)
	(type or print name)	(city, state	and zip code)
		Street	
	(signature)	(resid	lence address)
	(type or print name)	(city, state	and zip code)
		Street	
	(signature)	(resid	lence address)
	(type or print name)	(city, state	and zip code)

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#### \*Articles are to be executed as follows:

If a corporation is an incorporator (13-B MRSA §401), the name of the corporation should be typed or printed and signed on its behalf by an officer of the corporation. The articles of incorporation must be accompanied by a certificate of an appropriate officer of the corporation, not the person signing the articles, certifying that the person executing the articles on behalf of the corporation was duly authorized to do so.

Please remit your payment made payable to the Maine Secretary of State.

Submit completed form to: Secretary of State

Division of Corporations, UCC and Commissions

101 State House Station Augusta, ME 04333-0101

Telephone Inquiries: (207) 624-7752 Email Inquiries: CEC.Corporations@Maine.gov

## **Filer Contact Cover Letter**

Department of the Secretary of State Division of Corporations, UCC and Commissions 101 State House Station Augusta, ME 04333-0101	Tel. (207) 624-7752
Name of Entity (s):	
List type of filing(s) enclosed (i.e. Articles of Incorporation, Articles of Correction, etc.) Attach additional pages as needed.	of Merger, Articles of Amendment, Certifica
Special handling request(s): (check all that apply)  Hold for pick up Expedited filing - 24 hour service (\$50 additional)	
Expedited filing - Immediate service (\$100 addited add	(s), please call or email: (failure to prov.
(Name of contact person)	(Daytime telephone number)
(Email address)  The enclosed filing(s) and fee(s) are submitted for filing. Please return address:	rn the attested copy to the following
(Name of attested recipient)	
(Firm or Company)	
(Mailing Address)	

(City, State & Zip)