Office of the Secretary of State
Corporations & Charities Division

Physical/Overnight address
801 Capitol Way S
Olympia, WA 98501-1226
Tel: 360.725.0377

Mailing Address
PO Box 40234
Olympia, WA 98504-0234
www.sos.wa.gov/corps

This Box For Office Use Only

□ **Filing Fee $30**

□ **To Expedite Filing Add $50**

ARTICLES OF INCORPORATION
Washington Nonprofit Corporation
RCW 24.03

All fields required unless otherwise specified

(1) Do you already have a UBI Number? (Check one) □ Yes □ No If Yes, provide UBI # _____

If No, a new UBI# will be issued to you upon successful completion of the filing.

(2) ENTITY NAME: _____

For name requirements review the following RCW(s): RCW 23.95.305

Does the entity have a name reserved? (Check one) □ Yes □ No

If Yes, provide the Name Reservation Number and Name above. If No, provide only the name above.

Reservation Number: _____

(3) PURPOSE OF CORPORATION: ***Purpose for which the nonprofit is organized**

_____

_____

_____

Any other provisions: Attach if necessary

(4) PERIOD OF DURATION: Please check **ONE** of the following

□ This Corporation shall have a perpetual duration (default) □ This Corporation shall have a duration of _____ years.

□ This Corporation shall expire on _____

(5) EFFECTIVE DATE: Please check **ONE** of the following:

□ Date of filing □ Specify a date _____ cannot be more than 90 days following received date

(6) REGISTERED AGENT:

Is the Registered Agent a Commercial Registered Agent? ☐ Yes ☐ No

If Yes, provide the name of the Commercial Registered Agent: _____

A Commercial Registered Agent is an entity or individual that is registered with the Office of the Secretary of State to receive legal documents on behalf of a corporation. A Commercial Registered Agent has the entities/individual's address on record with the office.

A Registered Agent consent is still required for a Commercial Registered Agent located below.

If No, please continue below

Please complete ONE type of Registered Agent below. Be sure to include the name below the checked box. Then continue to provide the required street address. Mailing address if needed.

☐ **Individual**	☐ **Entity**	☐ **Office or Position**
_____	_____	_____
First and last name of a Non-commercial Registered Agent. (Any person not registered as a Commercial Registered Agent.)	Name of a Non-commercial Registered Agent. (Any business not registered as a Commercial Registered Agent.)	List the Office or Position serves as agent. (Only if using the specific office or position as the registered agent, no matter who holds the position like: Secretary, Member or Treasurer.)

Phone: _____ Email: _____

Registered Agent Street Address (required) **(Must be a physical address No PO Box or PMB)**	**Registered Agent Mailing Address** (***optional***) **□ Check if mailing address is the same as street address**
Country: **United States** **State**: **Washington**	**Country**: **United States** **State**: **Washington**
Address : _____	**Address** : _____
_____	_____
Zip: _____ **City**: _____	**Zip**: _____ **City**: _____

CONSENT TO SERVE AS REGISTERED AGENT - REQUIRED FOR ALL TYPES

I hereby consent to serve as Registered Agent in the State of Washington for the named entity. I understand it will be my responsibility to accept service of process, notices, and demands on behalf of the entity; to forward mail to the entity; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

_____	_____	_____
Signature of Registered Agent	Printed Name/Title	Date

(7) INITIAL BOARD OF DIRECTORS: *Name and address of each initial director are required

Name: _____ **Address**: _____
City _____ **State** _____ **Zip** _____

Name: _____ **Address**: _____
City _____ **State** _____ **Zip** _____

Name: _____ **Address**: _____
City _____ **State** _____ **Zip** _____

(8) DISTRIBUTION OF ASSETS:

In the event of voluntary dissolution, the net assets will be distributed as follows:

_____

_____

_____

(9) RETURN ADDRESS FOR THIS FILING: ***(Optional)***

This address will be sent document(s) regarding this specific filing in addition to document (s) being sent to the Registered Agent's street/mailing address.

Attention to: _____ **Email:** _____

Address: _____

City _____ **State** _____ **Zip** _____

(10) INCORPORATOR INFORMATION:

Name, address, and signature required. Attach additional sheets if necessary.

I hereby certify, under penalty of law, that the above information is accurate and complies with the filing requirements of state law.

Name: _____

Address: _____

City _____ **State** _____ **Zip** _____ **Country** _____

_____ _____ _____

Signature of Incorporator **Printed Name/Title** **Date**