



Office of the Secretary of State

Corporations & Charities Division

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This Box For Office Use Only

- Filing Fee \$30
- To Expedite Filing Add \$50

**ARTICLES OF INCORPORATION**  
**Washington Nonprofit Corporation**  
**Miscellaneous and Mutual**

[RCW 24.06](#)

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

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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



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**(7) INITIAL BOARD OF DIRECTORS: \*Name and address of each initial director are required.  
Attach an additional sheet if necessary.**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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**(8) DISTRIBUTION OF ASSETS:**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**(9) QUALIFICATIONS, RIGHTS & RESPONSIBILITIES OF MEMBERS: [RCW 24.06.025\(4\)](#)**

Provide the manner of election, appointment, or admission to membership and termination of membership, if there is more than one class of members or if the members of any one class are not equal. The relative rights and responsibilities of each class or member: **Attached an additional sheet if necessary.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**(10) DISSENTION:**

Do dissenting shareholders or members have limited return of less than the fair value? (check one):  Yes  No

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**(11) CAPITAL STOCK:**

Will the entity have capital stock? (check one):  Yes  No **If No is selected continue to (12)**

If Yes aggregate number of Authorized Shares\* \_\_\_\_\_

- Are there any provisions limiting or denying to shareholders the preemptive right to acquire additional shares of the corporation? (check one):  Yes  No
- Will there be more than 1 class of shares? (check one):  Yes  No
- If only 1 class, select the value, **then continue to (12)**. (check one):  Par Value: \_\_\_\_\_  Without Par Value
- If shares are divided into multiple classes an attachment stating the number of shares of each class, the par value of the shares or that the shares are without par value and an outline of [RCW 24.06.025\(5\)\(b\)\(c\)](#), must be submitted either with this filing or through Articles of Amendment prior to the issuance of shares.

Please refer to [RCW 24.06.025](#) and [RCW 24.06.070](#)

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**(12) DISTRIBUTION OF SURPLUS:**

Will the entity distribute surplus funds to its members, stockholders, or other persons? (check one):  Yes  No

If Yes, provide the provisions for determining the amount and time of distribution: \_\_\_\_\_

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**(13) 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 \_\_\_\_\_

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**(14) 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**

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