



Office of the Secretary of State

Corporations & Charities Division

(360) 725 - 0377 | www.sos.wa.gov/corps

801 Capitol Way S | PO Box 40234 | Olympia, WA 98504-0234

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- Filing Fee \$30
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**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: _____

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: _____

For name requirements review the following RCW(s): Nonprofit Business Corporation - [RCW 23.95.305 \(2\)](#)

(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

**(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 _____

(8) DISTRIBUTION OF ASSETS:

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

(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.**

(10) DISSENTION:

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

(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](#)

(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: _____

(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 _____

(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.

Individual Entity

Name: _____

Address: _____

City _____ State _____ Zip _____ Country _____

Signature of Incorporator

Printed Name/Title

Date
