

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: _____

Does the entity have a name reserved? (Check one) \Box Yes \Box 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

 \Box This Corporation shall have a perpetual duration (default) \Box This Corporation shall have a duration of ______ years.

This Corporation shall expire on ______

(5) EFFECTIVE DATE: Please check <u>ONE</u> of the following:

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

This Box For Office Use Only

(6) REGISTERED AGENT:

Is the Registered Agent a Commercial Registered Agent? \Box Yes \Box 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 <u>ONE</u> 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	ividual 🗆 Entity		Office or Position		
First and last name of a Non-commercial Registered Agent. (Any person not registered as a Commercial Registered Agent.)	(Any business not r	nmercial Registered Agent. egistered as a Commercial ered 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 Addre (Must be a physical address No PO		U	Registered Agent Mailing Address (<i>optional</i>) Check if mailing address is the same as street address		
Country: <u>United States</u> State: <u>V</u>	<u>Vashington</u>	Country: <u>United S</u>	Country: <u>United States</u> State: <u>Washington</u>		
Address :		_ 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. 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): \Box Yes \Box No

(11) CAPITAL STOCK:

Will the entity have capital stock? (check one): \Box Yes \Box 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): \Box Yes \Box No
- If only 1 class, select the value, then continue to (12). (check one): \Box Par Value: \Box 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 <u>RCW 24.06.025(5)(b)(c)</u>, must be submitted either with this filing or through Articles of Amendment prior to the issuance of shares.

Please refer to <u>RCW 24.06.025</u> and <u>RCW 24.06.070</u>

(12) DISTRIBUTION OF SURPLUS:

Will the entity distribute surplus funds to its members, stockholders, or other persons? (check one): \Box Yes \Box 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	Zi	p	
(14) INCORPORA					
I	Name, address, an	d signature	require	l. Attach additional sheets if	necessary.
I herby certify	y, under penalty of	-		information is accurate and s of state law.	complies with the filing
□ Individual □ E	Entity				
Name:					
				Country	
Signature of I	ncorporator			Printed Name/Title	Date