



Office of the Secretary of State

Corporations & Charities Division

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

801 Capitol Way S, Olympia, WA 98504-0234

This Box For Office Use Only

Filing Fee \$180

Filing Fee with Expedited Service \$230

Articles of Incorporation Washington Social Purpose Corporation RCW 23B

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

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

If you have previously filed with another state agency (for example, the Department of Revenue, the Department of Labor and Industries, or the Employment Security Department), you may already have a 9 digit UBI Number that you can enter above. Please do not enter the UBI Number of a Sole Proprietorship or General Partnership. If you do not have a UBI Number, please select "no" above and continue with the filing.

ENTITY NAME: Must contain one of the following corporate designations: Social Purpose Corporation or S.P.C.

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

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

Reservation Number: _____

Name: _____

PURPOSE AND POWERS:

1. The business purpose or purposes of this corporation is/are (Attach additional sheets if necessary): _____

2. This corporation is organized to carry out the above business in a manner intended to promote positive short-term or long-term effects of, or minimize adverse short-term or long-term effects of, the corporation's activities upon any or all of: (check all that apply)

- (1) the corporation's employees, suppliers, or customers;
- (2) the local, state, national, or world community; or
- (3) the environment

3. List the specific social purpose (s) for which this corporation is organized (Optional): _____

4. The mission of this social purpose corporation is not necessarily compatible with and may be contrary to maximizing profits and earnings for shareholders, or maximizing shareholder value in any sale, merger, acquisition, or other similar actions of the corporation.

ATTESTATION OF SOCIAL PURPOSE

This corporation is organized under the Washington Business Corporation Act (the “Act”) as a social purpose corporation governed by chapter 23B RCW of the Act.

PERIOD OF DURATION - Please check ONE of the following

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

This Company shall expire on _____

EFFECTIVE DATE: Please check ONE of the following

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

INCORPORATOR INFORMATION:

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

This record is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.

Address: _____

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

Signature of Incorporator

Printed Name/Title

Date

CORPORATE SHARES:

Number of Authorized Shares* _____ (Minimum of one (1) share must be listed)

Common Stock Preferred Stock

If preferred is checked, a further description will be needed after the Articles of Incorporation are successfully filed.

Please refer to [RCW 23B.06.010](#) and [RCW 23B.06.020](#)

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: _____

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

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)

Country: United States State: Washington

Address : _____

Zip: _____ City: _____

Registered Agent Mailing Address (optional)
 Check if mailing address is the same as street address

Country: United States State: Washington

Address : _____

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