



Office of the Secretary of State  
Corporations & Charities Division

Physical/Overnight address    Mailing Address  
801 Capitol Way S                      PO Box 40234  
Olympia, WA 98501-1226              Olympia, WA 98504-0234  
Tel: 360.725.0377                      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**  
**Miscellaneous and Mutual**  
[RCW 24.06](#)

**All fields required unless otherwise specified**

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**(1) Do you already have a UBI No.?** (Check one)  Yes  No If Yes, provide UBI No.: \_\_\_\_\_

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

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**(2) BUSINESS NAME:** \_\_\_\_\_

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

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

If Yes, provide the Name Reservation Number and Name.

Reservation Number: \_\_\_\_\_

Reserved Name: \_\_\_\_\_

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

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

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**(4) ANY OTHER PROVISIONS:** IRS tax exempt language, attach additional pages if necessary

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

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**(5) PERIOD OF DURATION:** 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 \_\_\_\_\_

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**(6) EFFECTIVE DATE:** 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) REGISTERED AGENT:**

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**COMMERCIAL REGISTERED AGENT**

A Commercial Registered Agent is a business 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 address has been registered with our office.

Is the Registered Agent a Commercial Registered Agent? (Check one)  Yes  No

If Yes, provide the name of the Commercial Registered Agent: \_\_\_\_\_

**The Commercial Registered Agent must sign the consent to serve below.**

If No, continue below

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**NON-COMMERCIAL REGISTERED AGENT**

Please complete **ONE** type of Registered Agent below and provide the name in the selected box. Then continue to provide the required street address. Mailing address is optional.

<input type="checkbox"/> <b>Individual:</b> _____	Provide the first and last name of the individual serving as the Registered Agent. (Any person not registered as a Commercial Registered Agent.)
<input type="checkbox"/> <b>Business:</b> _____	Provide the name of the business serving as the Registered Agent. (Any business not registered as a Commercial Registered Agent.)
<input type="checkbox"/> <b>Office or Position:</b> _____	<u>Do not</u> list a business or individual's name. Provide the office or position that serves as the Registered Agent. (Examples: President, Secretary, Treasurer, or Member)
Phone: _____	Email: _____
<b>Registered Agent Street Address (required)</b> (Must be a physical address; No PO Box or PMB) Country: <u>United States</u> State: <u>Washington</u> Address : _____ _____ Zip: _____      City: _____	<b>Registered Agent Mailing Address (optional)</b> <input type="checkbox"/> Check if mailing address is the same as street address Country: <u>United States</u> State: <u>Washington</u> Address : _____ _____ Zip: _____      City: _____

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**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 business. I understand it will be my responsibility to accept service of process, notices, and demands on behalf of the business; to forward mail to the business; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

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_____	_____	_____
<b>Signature of Registered Agent</b>	<b>Printed Name/Title</b>	<b>Date</b>

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

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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**(9) DISTRIBUTION OF ASSETS:**

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

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

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**(10) 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: **Attach an additional sheet if necessary.**

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

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**(11) DISSENTION:**

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

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**(12) CAPITAL STOCK:**

Will the entity have capital stock? (Check one):  Yes  No **If No is selected continue to (13)**

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 (13)**. (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.

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**(13) 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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**(14) RETURN ADDRESS FOR THIS FILING: (Optional)**

If provided, the confirmation regarding this specific filing will be sent to the address below, in addition to the Registered Agent's address.

**Attention:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

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**(15) 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:** \_\_\_\_\_

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**Signature of Incorporator**

**Printed Name/Title**

**Date**

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