## FOREIGN NONPROFIT CORPORATION

## STATE OF MAINE

## APPLICATION FOR AUTHORITY TO CARRY ON ACTIVITIES

(Name of Corporation in Jurisdiction of Incorporation)

Deputy Secretary of State	
A True Copy When Attested By Signature	
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Deputy Secretary of State	

Pursuant to 13-B MRSA §1202, the undersigned corporation executes and delivers the following Application for Authority to Carry on Activities:

Activities:					
FIRST:	If the real corporate name is not available, the <b>fictitious</b> name under which it proposes to apply for authority to carry on activities in the State of Maine is: (If not applicable, so indicate.)				
	Form MNPCA-5 accompanies this application.				
	A <b>fictitious name</b> is a name adopted by a <b>foreign corporation</b> authorized to carry on activities in this State because its real name is unavailable pursuant to 13-B MRSA §301-A.				
SECOND:	Its jurisdiction of incorporation is and the date of incorporation is				
THIRD:	Purpose(s) it is authorized to do under the laws of its jurisdiction of incorporation:				
FOURTH:	Does it seek authority to engage in all activities authorized in its jurisdiction and allowed by Maine Law?  Yes No If no, specify activity (activities) for which authority is sought.				
FIFTH:	Address of the registered or principal office, wherever located, is				
	(				

SIXTH:	The Registered Agent is a: (select <b>either</b> a Commercial or Noncommercial Registered Agent)					
		Commercial Registered Agent	CRA Public Number:			
		(name of	commercial registered agent)			
		Noncommercial Registered Agent				
		(name of r	noncommercial registered agent)			
		(physical location, no	t P.O. Box – street, city, state and zip code)			
		(mailing add	dress if different from above)			
SEVENTH:	Pursuant to 5 MRSA §108.3, the registered agent as listed above has consented to serve as the registered agent for this nonprofit corporation.					
EIGHTH:	Secretar foreign	plication is accompanied by a certificate of existence or a document of similar import duly authenticated by the ry of State or other official having custody of corporate records in the state or country under whose law the corporation is incorporated. The certificate of existence must have been made not more than 90 days prior to very of this application for filing.				
Dated		*B	y (signature of any duly authorized individual)			
			(type or print name and capacity)			
*TTL: 1	AMELOTE					
		e signed by any duly authorized individual made payable to the Maine Secretary of				
Submit comple						

Augusta, ME 04333-0101

Telephone Inquiries: (207) 624-7752

Email Inquiries: CEC.Corporations@Maine.gov

## **Filer Contact Cover Letter**

Department of the Secretary of State Division of Corporations, UCC and Commissions 101 State House Station Augusta, ME 04333-0101	Tel. (207) 624-7752
Name of Entity (s):	
List type of filing(s) enclosed (i.e. Articles of Incorporation, Articles of Correction, etc.) Attach additional pages as needed.	s of Merger, Articles of Amendment, Certificat
Special handling request(s): (check all that apply)  Hold for pick up	
Expedited filing - 24 hour service (\$50 addition Expedited filing - Immediate service (\$100 add Total filing fee(s) enclosed: \$	litional filing fee per entity, per service g(s), please call or email: (failure to provide
contact name and telephone number of email address will result in the feturn of the	serioneous filling (s) by the secretary of state's offi
(Name of contact person)	(Daytime telephone number)
(Name of contact person)  (Email address)	(Daytime telephone number)
<u> </u>	
(Email address)  The enclosed filing(s) and fee(s) are submitted for filing. Please returns.	urn the attested copy to the following
(Email address)  The enclosed filing(s) and fee(s) are submitted for filing. Please retu address:	urn the attested copy to the following

(City, State & Zip)