DOMESTIC NONPROFIT CORPORATION

STATE OF MAINE

CERTIFICATE OF ORGANIZATION

Filing Fee \$5.00		
	Deputy Secretary of State	
-		
A True Copy When Attested By Signature		
	Deputy Secretary of State	

Pursuant to 13	MRSA §903, the undersigned incorporator(s	s) execute(s) and deliver(s) for f	iling the following Certificate of Organ	nization:		
FIRST:	The name of the corporation is			·		
SECOND:	Pursuant to 13 MRSA §903, the corporation states that it is not organized for profit and that no property or profit of the corporation inures to the benefit of any person, partnership or corporation except in furtherance of the benevolent nonprofit purposes of the corporation.					
THIRD:	("X" one box only. Attach additional page(s) if necessary.)					
	The corporation is organized as a public benefit corporation for the following purpose or purposes:					
	☐ The corporation is organized as	a mutual benefit corporation fo	or the following purpose or purposes:			
FOURTH:	It is located in	(municipality)	(county)	_, Maine		
FIFTH:	The number of officers is ar	nd their names are as follows:				
	President					
	Vice-President					
	Secretary or Clerk					
	Treasurer					

SIXTH:	The Directors or Trustees are:			
SEVENTH:	Contact person:			
		(name)		
		(mailing address)		
		(physical address)		
Name and sig	gnature of Incorporators	Addresses		
Pursuant to 13 1	MRSA §901, at least 3 incorporators are	e required		
Dated				
		Street		
-	(signature)	Succi		
	(type or print name)		(city, state and zip code)	
	(signature)	Street		
	(type or print name)		(city, state and zip code)	
	(signature)	Street		
	(type or print name)		(city, state and zip code)	
	(signature)	Street		
	(type or print name)		(city, state and zip code)	
	(signature)	Street		
	(type or print name)		(city state and zin code)	

Please remit your payment made payable to the Maine Secretary of State.

SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE, 101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101 TEL. (207) 624-7752

Customer Contact Cover Letter

Name of entity(s) on the submitted filings:	
Optional special handling request(s): (check only	v if applicable)
	required to pick up at our office in Augusta, Maine)
	s day) service: \$50 additional filing fee per entity
☐ Immediate expedited filing (same busing)	ness day): \$100 additional filing fee per entity
NOTE: Only one expedite fee is required if filing n	nultiple documents for the <u>same entity/charter number</u> at the same time
Payment can be made by check or money order obtain a credit card voucher at https://www.maine.g	(payable to Maine Secretary of State) or by credit card. You may gov/sos/cec/forms/credit.pdf.
Total fee(s)	enclosed: \$
(Name of contact person)	(Daytime telephone number)
(Contact email address for <u>this</u> filing)	(Email address to use for annual report reminders)
Name and address of person to return the attested	l copy of the completed filing:
(Name	e of attested copy recipient)
	(Firm or Company)
	(Mailing Address)
	(City, State & Zip)

NOTE: Failure to provide a contact name and telephone number or email address will result in any erroneous filing(s) being returned to the filer by the Secretary of State's office.

For questions regarding the above filing(s), please call or email our office at (207) 624-7752 or cec.corporations@maine.gov

Submit filings to:

Mailing Address if using US Postal Service Department of the Secretary of State Corporations, UCC and Commissions 101 State House Station Augusta, ME 04333-0101

Mailing Address if using FedEx/UPS
Department of the Secretary of State
Corporations, UCC and Commissions
111 Sewall Street, 4th Floor
Augusta, ME 04330