

DOMESTIC  
BUSINESS CORPORATION

STATE OF MAINE

ARTICLES OF INCORPORATION

<p>_____</p> <p>Deputy Secretary of State</p> <hr/> <p><b>A True Copy When Attested By Signature</b></p> <hr/> <p>_____</p> <p>Deputy Secretary of State</p>
--

Pursuant to [13-C MRSA §202](#) and/or [§1803](#), the undersigned executes and delivers the following Articles of Incorporation:

**FIRST:** The name of the corporation is \_\_\_\_\_.

**SECOND:** ("X" only if applicable)

This is a professional corporation\*\*formed pursuant to [13 MRSA Chapter 22-A](#) to provide the following professional services:

\_\_\_\_\_

(type of professional services)

**THIRD:** ("X" only if applicable)

This is a benefit corporation formed pursuant to [13-C MRSA §1803](#). This election has been adopted by at least the minimum status vote as defined in [13-C MRSA§1802.7](#).

**FOURTH:** The Clerk is a: (select **either** a Commercial or Noncommercial Clerk – Person **must** be a Maine resident)

Commercial Clerk CRA Public Number: \_\_\_\_\_

\_\_\_\_\_

(name of commercial clerk)

Noncommercial Clerk

\_\_\_\_\_

(name of noncommercial clerk)

\_\_\_\_\_

(physical location, not P.O. Box – street, city, state and zip code)

\_\_\_\_\_

(mailing address if different from above)

**FIFTH:** Pursuant to [5 MRSA §108.3](#), the clerk as listed above has consented to serve as the clerk for this corporation.

**SIXTH:** ("X" one box only)

There shall be only one class of shares. The number of authorized shares is \_\_\_\_\_.

(Optional) Name of class: \_\_\_\_\_

There shall be two or more classes or series of shares. The information required by [13-C MRSA §601](#) concerning each such class and series is set forth in Exhibit \_\_\_\_ attached hereto and made a part hereof.

**SEVENTH:** ("X" one box only)

The corporation will have a board of directors.

There will be no directors; the business of the Corporation will be managed by shareholders. ([13-C MRSA §743](#))

**EIGHTH:** (For corporations with directors, each of the following provisions is optional – "X" only if applicable)

The number of directors is limited as follows: not fewer than \_\_\_\_ nor more than \_\_\_\_ directors. ([13-C MRSA §803](#))

To the fullest extent permitted by [13-C MRSA §202.2.D](#), a director shall have no liability to the Corporation or its shareholders for money damages for an action taken or a failure to take an action as a director.

Except as otherwise specified by contract or in its bylaws, the Corporation shall in all cases provide indemnification (including advances of expenses) to its directors and officers to the fullest extent permitted by law. ([13-C MRSA §§202, 857 and 859](#))

**NINTH:** ("X" only if applicable)

The Corporation elects to have preemptive rights as defined in [13-C MRSA §641](#).

**TENTH:** ("X" only if applicable)

Additional provisions of these Articles of Incorporation are set forth in Exhibit \_\_\_\_ attached hereto and made a part hereof. ([13-C MRSA §202](#) and [13-C MRSA §1811](#))

**ELEVENTH:** Name and address of additional Incorporators is set forth on Exhibit \_\_\_\_ attached hereto.

**Dated** \_\_\_\_\_

**\*By** \_\_\_\_\_

(original written signature)

\_\_\_\_\_  
(type or print name of incorporator)

**\*\*The professional corporation name must contain one of the following:** "chartered," "professional corporation," "professional association" or "service corporation" or the abbreviation "P.C.," "P.A." or "S.C.". **Examples** of professional service corporations are accountants, attorneys, chiropractors, dentists, registered nurses and veterinarians. (This is not an inclusive list – see [13 MRSA §723.7](#).)

\*These articles must be dated and executed pursuant to [13-C MRSA §121.5](#). by an incorporator.

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

Submit completed form to: **Secretary of State**  
**Division of Corporations, UCC and Commissions**  
**101 State House Station, Augusta, ME 04333-0101**  
Telephone Inquiries: (207) 624-7752 Email Inquiries: [CEC.Corporations@Maine.gov](mailto:CEC.Corporations@Maine.gov)

## Customer Contact Cover Letter

Name of entity(s) on the submitted filings:

---

---

**Optional special handling request(s):** (check only if applicable)

- Hold attested copy for pick up (will be required to pick up at our office in Augusta, Maine)
- 24-hour expedited filing (next business day) service: **\$50** additional filing fee per entity
- Immediate expedited filing (same business day): **\$100** additional filing fee per entity

**NOTE:** Only one expedite fee is required if filing multiple documents for the same entity/charter number at the same time.

**Payment can be made by check or money order** (payable to Maine Secretary of State) or by credit card. You may obtain a credit card voucher at <https://www.maine.gov/sos/cec/forms/credit.pdf>.

Total fee(s) enclosed: \$ \_\_\_\_\_

---

(Name of contact person)

---

(Daytime telephone number)

---

(Contact email address for this filing)

---

(Email address to use for annual report reminders)

Name and address of person **to return the attested copy** of the completed filing:

---

(Name 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](mailto: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, 4<sup>th</sup> Floor  
Augusta, ME 04330