

**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) execute(s) and deliver(s) for filing the following Certificate of Organization:

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 or 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 for the following purpose or purposes:

FOURTH: It is located in _____, Maine.
(municipality) (county)

FIFTH: The number of officers is _____ and 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 signature of Incorporators

Addresses

Pursuant to [13 MRSA §901](#), at least 3 incorporators are required

Dated _____

(signature)

(type or print name)

(signature)

(type or print name)

(signature)

(type or print name)

(signature)

(type or print name)

(signature)

(type or print name)

Street _____

(city, state and zip code)

Street _____

(city, state and zip code)

Street _____

(city, state and zip code)

Street _____

(city, state and zip code)

Street _____

(city, state and zip 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**

Filer Contact Cover Letter

To: 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 Merger, Articles of Amendment, Certificate of Correction, etc.) Attach additional pages as needed.

Special handling request(s): (check all that apply)

- ☐ Hold for pick up
☐ Expedited filing - 24 hour service (\$50 additional filing fee per entity, per service)
☐ Expedited filing - Immediate service (\$100 additional filing fee per entity, per service)

Total filing fee(s) enclosed: \$ _____

Contact Information – questions regarding the above filing(s), please call or email: (failure to provide a contact name and telephone number or email address will result in the return of the erroneous filing (s) by the Secretary of State's office)

(Name of contact person)

(Daytime telephone number)

(Email address)

The enclosed filing(s) and fee(s) are submitted for filing. Please return the attested copy to the following address:

(Name of attested recipient)

(Firm or Company)

(Mailing Address)

(City, State & Zip)