

\$5.00 Filing Fee

**DOMESTIC
NONPROFIT CORPORATION
INDEPENDENT LOCAL CHURCH**

STATE OF MAINE

CERTIFICATE OF ORGANIZATION

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

Pursuant to [13 MRSA §3021](#), the undersigned corporation executes and delivers for filing the following Certificate of Organization:

FIRST: The name of the church is _____

SECOND: The corporation is an independent local church located in _____, Maine.

THIRD: The number of trustees is _____ and their names are _____

Name and signature of the Officers and Trustees

Address

Dated _____

(Clerk)

(type or print name)

(Treasurer)

(type or print name)

Street _____

(city, state and zip code)

Street _____

(city, state and zip code)

Name and Signature of Officers and Trustees (cont.)

Address

(Trustee)

(type or print name)

(Trustee)

(type or print name)

Street _____

(city, state and zip code)
Street _____

(city, state and zip code)

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

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**

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)