

**DOMESTIC  
NONPROFIT CORPORATION**

**STATE OF MAINE**

**RESTATED  
ARTICLES OF INCORPORATION**

\_\_\_\_\_  
Deputy Secretary of State

**A True Copy When Attested By Signature**

\_\_\_\_\_  
Deputy Secretary of State

\_\_\_\_\_  
(Name of Corporation as it appears on the records of the Secretary of State)

Pursuant to [13-B MRSA §805](#), the undersigned corporation adopts these Articles of Restatement:

**FIRST:** All restated statements required to be set forth in Articles of Incorporation ([\\*MNPCA-6-1](#)) are attached as Exhibit \_\_\_\_\_. Statements as to the incorporator or incorporators and the initial directors may be omitted. This restatement was adopted on \_\_\_\_\_.  
(date)

("X" one box only)

- By the members at a meeting at which a quorum was present and the restatement received at least a majority of the votes which members were entitled to cast.
- (If the Articles require more than a majority vote.) By the members at a meeting at which the restatement received at least the percentage of votes required by the Articles of Incorporation.
- By the written consent of all members entitled to vote with respect thereto.
- (If no members, or none entitled to vote thereon.) By majority vote of the board of directors.

**SECOND:** The Registered Agent is a: (select **either** a Commercial or Noncommercial Registered Agent)

Commercial Registered Agent CRA Public Number: \_\_\_\_\_

\_\_\_\_\_  
(name of commercial registered agent)

Noncommercial Registered Agent

\_\_\_\_\_  
(name of noncommercial registered agent)

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

\_\_\_\_\_  
(mailing address if different from above)

**THIRD:** Pursuant to [5 MRSA §108.3](#), the new commercial registered agent as listed above has consented to serve as the registered agent for this nonprofit corporation.

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

**\*\*By** \_\_\_\_\_  
(signature)

<p style="text-align: center;"><b><i>MUST BE COMPLETED FOR VOTE OF MEMBERS</i></b></p> <hr/> <p>I certify that I have custody of the minutes showing the above action by the members.</p> <hr/> <p>(signature of clerk, secretary or asst. secretary)</p>
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\_\_\_\_\_  
type or print name and capacity)

**\*\*By** \_\_\_\_\_  
(signature)

\_\_\_\_\_  
type or print name and capacity)

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\*Form [MNPCA-6-1](#) **MUST** accompany this filing.

\*\*This document **MUST** be signed by any duly authorized officer. ([13-B MRSA §104.1.B](#))

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)