

**DOMESTIC
NONPROFIT CORPORATION
INDEPENDENT LOCAL CHURCH**

STATE OF MAINE

CERTIFICATE OF ORGANIZATION

\$5.00 Filing Fee

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 _____

Street _____

(Clerk)

(type or print name)

(city, state and zip code)

(Treasurer)

(type or print name)

Street _____

(city, state and zip code)

Name and Signature of Officers and Trustees (cont.)

(Trustee)

(type or print name)

(Trustee)

(type or print name)

(Trustee)

(type or print name)

(Trustee)

(type or print name)

(Trustee)

(type or print name)

Address

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 Secretary of State.

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

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/charte 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

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
6 E. Chestnut Street, 5th Floor
Augusta, ME 04330