

**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**

## Customer Contact Cover Letter

Name of entity(s) on the submitted filings:

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