

**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 §981-A](#), the undersigned officers execute and deliver for filing the following Certificate of Organization:

FIRST: The undersigned, officers of a corporation duly organized at _____
in the town of _____, State of Maine, on the _____ day of
_____, _____, hereby certify as follows:

SECOND: The name of said corporation is now _____.

THIRD: If the name of the corporation since its organization has been changed, please list such changes in chronological order:

	New Name	Date of Change
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

FOURTH: The name of the corporation was originally _____

FIFTH: The original purposes of the corporation at the time of incorporation were:

SIXTH: ("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 all purposes permitted under [13-B MRSA](#), or, if not for all such purposes, then for the following purpose or purposes:

SEVENTH: ("X" one box only.) The persons vested with the management of the affairs of the corporation are designated to be:

☐ Directors (including trustees, governors, managers, etc.), or if no Directors,

☐ Members.

EIGHTH: Said corporation is now located at _____, in the town of _____, County of _____ State of Maine.

NINTH: The number of officers is _____ and their names are as follows:

President

Vice-President

Secretary or Clerk

Treasurer

Name and signature of Officers

Dated _____

(President)

(type or print name)

(Secretary/Clerk)

(type or print name)

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**

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/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

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