

**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><i>MUST BE COMPLETED FOR VOTE OF MEMBERS</i></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>

type or print name and capacity)

****By** _____
(signature)

type or print name and capacity)

*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

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)