

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

ARTICLES OF INCORPORATION DOMESTIC NONPROFIT CORPORATION

Please Type or Print Clearly in Ink

Please submit one **Original** and one **Photocopy**

FILING FEE: \$30 payable to SECRETARY OF STATE

Telephone # _____
FAX # _____

Article I

The name of the corporation is _____

Article II

The period of existence is: _____

Article III

The purpose for which the corporation is organized.

Article IV

Check one:

- The corporation will have members.
- The corporation will not have members.

Article V

If the corporation is to have one or more classes of members, any provision which the incorporators elect to set forth designating the class or classes of members and stating the qualifications and rights of the members of each class.

Article VI

If the directors are not to be elected or appointed by one or more classes of members, a statement of the manner in which such directors shall be elected or appointed.

Article VII

Any provisions which the incorporators elect to set forth for the regulation of the internal affairs of the corporation, including any provision for the distribution of assets on dissolution or final liquidation.

Article VIII

The South Dakota Registered Agent name _____

Street Address or Rural Route Box Number in This State and City State ZIP+4

Mailing Address in This State, if Different from Street Address City State ZIP+4

When listing a Commercial Registered Agent, please state their CRA #.
This number can be obtained from the Commercial Registered Agent.

Article IX

Three or more directors are required by law. The number of directors constituting the initial board of directors: _____

Director	Street Address	City	State	ZIP+4
Director	Street Address	City	State	ZIP+4
Director	Street Address	City	State	ZIP+4
Director	Street Address	City	State	ZIP+4

Article X

Incorporators: Three or more incorporators are required by law.

Incorporator	Street Address	City	State	ZIP+4
Incorporator	Street Address	City	State	ZIP+4
Incorporator	Street Address	City	State	ZIP+4
Incorporator	Street Address	City	State	ZIP+4
Incorporator	Street Address	City	State	ZIP+4

Dated _____

(Signature of an incorporator)

(Printed Name)

Dated _____

(Signature of an incorporator)

(Printed Name)

Dated _____

(Signature of an incorporator)

(Printed Name)

By signing this form, you agree to have both the fee and the form processed electronically. A fee of up to \$40 will be assessed for returned payments.

Dated _____

(Signature of an incorporator)

(Printed Name)

Dated _____

(Signature of an incorporator)

(Printed Name)