



This Box For Office Use Only

# Washington Nonprofit Corporation

See attached detailed instructions

- Filing Fee \$30.00
- Filing Fee with Expedited Service \$80.00

UBI Number: \_\_\_\_\_

## ARTICLES OF INCORPORATION

Chapter 24.03 RCW

### ARTICLE 1

**NAME OF CORPORATION:**

\_\_\_\_\_  
*(MAY NOT contain any of the following designations or abbreviations of: Corporation, Company, Incorporated, Limited, Limited Partnership, Limited Liability Company, or Limited Liability Partnership. If one of the prohibited designations is used, it will be removed when processed.)*

### ARTICLE 2

**EFFECTIVE DATE OF INCORPORATION:** *(Please check one of the following)*

- Upon filing by the Secretary of State
- Specific Date: \_\_\_\_\_ *(Specified effective date must be within 90 days AFTER the Articles of Incorporation have been filed by the Office of the Secretary of State)*

### ARTICLE 3

**TENURE:** *(Please check one of the following and indicate the date if applicable)*

- Perpetual existence
- Specific term of existence \_\_\_\_\_ *(Number of years or date of termination)*

### ARTICLE 4

**PURPOSE FOR WHICH THE NONPROFIT IS ORGANIZED:** *(if necessary, attach additional information)*

\_\_\_\_\_

### ARTICLE 5

**IN THE EVENT OF A VOLUNTARY DISSOLUTION, THE NET ASSETS WILL BE DISTRIBUTED AS**

**FOLLOWS:** *(if necessary, attach additional information)* \_\_\_\_\_

\_\_\_\_\_

**ARTICLE 6**

**NAME AND ADDRESS OF EACH INITIAL DIRECTOR:** *(If necessary, attach additional names and addresses)*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**ARTICLE 7**

**NAME AND ADDRESS OF THE WASHINGTON STATE REGISTERED AGENT:**

Name: \_\_\_\_\_

**Physical Location Address (required):**

\_\_\_\_\_

City \_\_\_\_\_ WA Zip Code \_\_\_\_\_

**Mailing or Postal Address (optional):**

\_\_\_\_\_

City \_\_\_\_\_ WA Zip Code \_\_\_\_\_

**CONSENT TO SERVE AS REGISTERED AGENT:**

I consent to serve as Registered Agent in the State of Washington for the above named corporation. I understand it will be my responsibility to accept Service of Process on behalf of the corporation; to forward mail to the corporation; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

X \_\_\_\_\_

**Signature of Registered Agent**

**Printed Name**

**Date**

**ARTICLE 8**

**NAME, ADDRESS AND SIGNATURE OF EACH INCORPORATOR:**

*(If necessary, attach additional names, addresses and signatures)*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

*This document is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.*

X \_\_\_\_\_

**Signature of Incorporator**

**Printed Name/Title**

**Date**

**Phone**

**Important note: If your nonprofit organization is currently fundraising, or plans to fundraise from the public, it may also be required to register with the Charities Program of the Secretary of State. Registration with the Charities Program is separate from, and in addition to, filings required under corporate law. Please visit the Charities Program website at [www.sos.wa.gov/charities/](http://www.sos.wa.gov/charities/) to review the registration requirements and forms for Charitable Organizations.**

## **INSTRUCTIONS – NONPROFIT ARTICLES OF INCORPORATION**

Please complete all sections of the Articles of Incorporation. . **USE DARK INK ONLY.** For an electronic, fillable version of this form, please visit our website at [www.sos.wa.gov/corps](http://www.sos.wa.gov/corps)

### **Article 1:**

Enter the name of the corporation. In accordance with Chapter 24.03 RCW a nonprofit corporation **may not** contain any of the following designations or abbreviations of: Corporation, Company, Incorporated, Limited, Limited Partnership, Limited Liability Company, or Limited Liability Partnership, but may use "club," "league," "association," "services," "committee," "fund," "society," "foundation," a nonprofit corporation," or any name of like import . *If one of the prohibited designations is used, it will be removed when processed.* A nonprofit corporate name must be distinguishable upon the records of the Secretary of State from any other formally organized entity registered with the Secretary of State's office. It's advised that you contact the Secretary of State to check for name availability before filing at 360-725-0377.

### **Article 2:**

An effective date may be specified. The effective date can be up to 90 days AFTER the Articles of Incorporation have been filed by the Office of the Secretary of State.

### **Article 3:**

Please indicate whether the term of existence for nonprofit corporation is perpetual (*i.e. ongoing until dissolved*) or if it will have a specific term of existence, in which case indicate the number of years it will exist.

### **Article 4:**

Indicate the purpose for which the nonprofit is being organized. You may attach additional information if needed. **Do not** attach or refer to the bylaws.

### **Article 5:**

Indicate how any assets will be distributed if the nonprofit voluntarily dissolves. **Do not** attach or refer to the bylaws.

### **Article 6:**

List the names and address of **all** initial directors of the nonprofit corporation. If necessary you may attach a sheet with additional names and addresses. **Do not** include social security numbers, federal tax identification or other personal identifiers.

### **Article 7:**

All corporations must have a Registered Agent in Washington State. The Registered Agent may be an individual who is a resident of Washington State, or a business entity registered with the Secretary of State's office. The agent **must have** a physical address in Washington State where personal service of process may be made. An alternative mailing address may be used in addition to the physical address. The mailing address must also be in Washington State. **The Registered Agent must print their name and sign the consent to serve as Registered Agent.**

### **Article 8:**

An Incorporator is a person(s) forming the corporation. Please provide the full name, signature and address of each Incorporator. All incorporators **must** sign the articles of incorporation. If necessary you may attach a sheet with additional names, signatures and addresses. **Do not** include social security numbers, federal tax identification or other personal identifiers.

**Additional Information:** You may attach any optional provisions to these articles (*please do not attach bylaws or minutes, these items are not filed with this office*).

**FEES:** The filing fee for Nonprofit Articles of Incorporation is \$30.00. If expedited service is requested, include an additional \$50.00 and write "EXPEDITE" on the outside of the envelope. Make the checks or money orders payable to "Secretary of State". **(ALL fees are non-refundable)**

### **Mail completed forms and payment to:**

Secretary of State  
Corporations Division  
801 Capitol Way S  
PO Box 40234  
Olympia WA 98504-0234

If you have questions, need assistance, or would like to provide feedback please visit the Corporations Division website at [www.sos.wa.gov/corps](http://www.sos.wa.gov/corps) or call 360-725-0377.