CHARITABLE ORGANIZATION REGISTRATION PROCESS

Step 1: File Articles of Incorporation

Arkansas Secretary of State Business and Commercial Services 1401 West Capitol Avenue, Ste. 250 Victory Building Little Rock, AR 72201 501-682-3409 TOLL FREE 888-233-0325

Step 2: Apply for exempt status

(Must have articles filed to complete Step 2) Internal Revenue Service TE/GE Division, Customer Service P.O. Box 2508 Cincinnati, OH 45201 877-829-5500

Step 3: Register for solicitation purposes (annual renewal)

(Must have IRS Tax Determination letter for Step 3)
Attorney General's Office
Attn: Nonprofit Information
323 Center Street, Ste. 200
501-682-1109
TOLL FREE 800-482-8982



Arkansas Secretary of State

Mark Martin

1401 W. Capitol, Suite 250, Little Rock, AR 72201 501-682-3409 • www.sos.arkansas.gov

ARTICLES OF INCORPORATION – DOMESTIC NONPROFIT

(PLEASE TYPE OR PRINT CLEARLY IN INK)

We, the undersigned, acting as incorporators of a corporation under the Act 1147 of 1993 and Arkansas Code Annotated § 4-33-202, adopt the following Articles of Incorporation of such corporation.

1.	The name of the corporation:			
2.	. This corporation is: (check one of the following) Public – Benefit Corporation Mutual – Benefit Corporation Religious Corporation			
3.	Will this corporation have members? Yes	No No		
4.	How will the assets be distributed upon dissolution? (Use additional pages if necessary) :			
5.	Corporation's initial registered agent:	ame S	treet Address	
	Street Address Line 2	С	ity, State Zip	
6.	Incorporator information: (Use additional pages if necessary)			
	Name	Signature	Date	
	Address	City, State Zip		
	Name	Signature	Date	
	Address	City, State Zip		
	Name	Signature	Date	
	Address	City State Zin		

Optional: You may attach any of the following if applicable to this corporation.

- The names and addresses of the initial directors
- Power of the Corporation
- The purpose for which the corporation is organized
- · Other provisions as deemed necessary



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Annual Report - Contact Information

Nonprofit Corporation
PLEASE TYPE OR PRINT CLEARLY IN INK

JURISDICTI Domestic	ON (SELECT ONE) Foreign
In order for this entity to receive its annual reporting form State at the time of filing.	, please complete and file with the Office of the Secretary of
Entity name as used in Arkansas	Contact Person
Street Address or Post Office Box Number	City, State Zip
Telephone Number	E-mail Address
NOTE: Annual Reports will be due on or before August 1	st the year following filing or qualification in this state.
I understand that knowingly signing a false document with C misdemeanor and is punishable by a fine up to \$100.00	h the intent to file with the Arkansas Secretary of State is a Class 0 and/or imprisonment up to 30 days.
Executed this day of,	
Signature	Authorized Officer (Type or Print)