

ARTICLES OF INCORPORATION NONPROFIT CORPORATION

Read the Instructions [C011i](#)

- 1. ENTITY NAME** – see [Instructions C011i](#) for naming requirements – give the exact name of the corporation:

- 2. CHARACTER OF AFFAIRS** - briefly describe the character of affairs the corporation initially intends to conduct in Arizona. **NOTE** that the character of affairs that the corporation ultimately conducts is not limited by the description provided.

- 3. MEMBERS – check one:** The corporation WILL have members.
 The corporation WILL NOT have members.

4. ARIZONA KNOWN PLACE OF BUSINESS ADDRESS:

- 4.1** Is the Arizona known place of business address the same as the **street address** of the statutory agent?
 Yes – go to number 5 and continue
 No – go to number 4.2 and continue

- 4.2** If you answered “**No**” to number 4.1, give the **physical or street address** (not a P.O. Box) of the known place of business of the corporation in Arizona:

| | | | |
|----------------------|--|-------------------|-----|
| | | | |
| Attention (optional) | | | |
| Address 1 | | | |
| Address 2 (optional) | | | |
| City | | State or Province | Zip |
| Country | | | |

5. DIRECTORS - list the **name and business address** of each and every Director of the corporation. If more space is needed, check this box and complete and attach the [Director Attachment form C082](#).

| | | | | | | | |
|----------------------|--|-------------------|-----|----------------------|--|-------------------|-----|
| | | | | | | | |
| Name | | | | Name | | | |
| Address 1 | | | | Address 1 | | | |
| Address 2 (optional) | | | | Address 2 (optional) | | | |
| City | | State or Province | Zip | City | | State or Province | Zip |
| Country | | | | Country | | | |
| | | | | | | | |
| Name | | | | Name | | | |
| Address 1 | | | | Address 1 | | | |
| Address 2 (optional) | | | | Address 2 (optional) | | | |
| City | | State or Province | Zip | City | | State or Province | Zip |
| Country | | | | Country | | | |
| | | | | | | | |
| Name | | | | Name | | | |
| Address 1 | | | | Address 1 | | | |
| Address 2 (optional) | | | | Address 2 (optional) | | | |
| City | | State or Province | Zip | City | | State or Province | Zip |
| Country | | | | Country | | | |

6. STATUTORY AGENT – [see Instructions C011i](#)

| | | | | | | | |
|--|--|-------|-----|--|--|-------|-----|
| 6.1 REQUIRED – give the name (can be an individual or an entity) and physical or street address (not a P.O. Box) in Arizona of the statutory agent: | | | | 6.2 OPTIONAL – mailing address in Arizona of statutory agent (can be a P.O. Box): | | | |
| Statutory Agent Name (required) | | | | | | | |
| Attention (optional) | | | | Attention (optional) | | | |
| Address 1 | | | | Address 1 | | | |
| Address 2 (optional) | | | | Address 2 (optional) | | | |
| City | | State | Zip | City | | State | Zip |
| 6.3 REQUIRED - the Statutory Agent Acceptance form M002 must be submitted along with these Articles of Incorporation. | | | | | | | |

7. REQUIRED - you must complete and submit with the Articles a [Certificate of Disclosure](#).
The Articles will be rejected if the Certificate of Disclosure is not simultaneously submitted.

8. INCORPORATORS - list the **name and address**, and the **signature**, of each and every incorporator - minimum of one is required. If more space is needed, check this box and complete and attach the [Incorporator Attachment](#) form C084.

| | | |
|----------------------|-------|-----|
| Name | | |
| Address 1 | | |
| Address 2 (optional) | | |
| City | State | Zip |
| Country | | |

SIGNATURE - [see Instructions C011i](#):

By checking the box marked "I accept" below, I acknowledge *under penalty of perjury* that this document together with any attachments is submitted in compliance with Arizona law.

I ACCEPT

Signature

Printed Name Date

IF SIGNING FOR AN ENTITY, CHECK ONE, FILL IN BLANK:

Corporation as Incorporator - I am signing as an officer or authorized agent of a corporation and its name is:

LLC as Incorporator - I am signing as a member, manager, or authorized agent of a **limited liability company**, and its name is:

| | | |
|----------------------|-------|-----|
| Name | | |
| Address 1 | | |
| Address 2 (optional) | | |
| City | State | Zip |
| Country | | |

SIGNATURE - [see Instructions C011i](#):

By checking the box marked "I accept" below, I acknowledge *under penalty of perjury* that this document together with any attachments is submitted in compliance with Arizona law.

I ACCEPT

Signature

Printed Name Date

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| | |
|---|--|
| Filing Fee: \$40.00 (regular processing) Expedited processing - add \$35.00 to filing fee. All fees are nonrefundable - see Instructions. | Mail: Arizona Corporation Commission Corporate Filings Section 1300 W. Washington St., Phoenix, Arizona 85007 Fax: 602-542-4100 |
|---|--|

Please be advised that A.C.C. forms reflect only the **minimum** provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business.
 All documents filed with the Arizona Corporation Commission are **public record** and are open for public inspection.
 If you have questions after reading the Instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.