

Filing Fee \$5.00

**DOMESTIC
NONPROFIT CORPORATION**

STATE OF MAINE

CERTIFICATE OF ORGANIZATION

<p>_____</p> <p>Deputy Secretary of State</p> <hr/> <p>A True Copy When Attested By Signature</p> <hr/> <p>_____</p> <p>Deputy Secretary of State</p>
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Pursuant to 13 MRSA §903, the undersigned incorporator(s) execute(s) and deliver(s) for filing the following Certificate of Organization:

FIRST: The name of the corporation is _____.

SECOND: ("X" one box only. Attach additional page(s) if necessary.)

The corporation is organized as a public benefit corporation for the following purpose or purposes:

The corporation is organized as a mutual benefit corporation for the following purpose or purposes:

THIRD: It is located in _____, Maine.
(municipality) (county)

FOURTH: The number of officers is _____ and their names are as follows:

President _____

Vice-President _____

Secretary or Clerk _____

Address _____

Treasurer _____

FIFTH: The Directors or Trustees are: _____

Name and signature of Incorporators

Addresses

Dated _____

(signature)

(type or print name)

(signature)

(type or print name)

(signature)

(type or print name)

(signature)

(type or print name)

(signature)

(type or print name)

(signature)

(type or print name)

(signature)

(type or print name)

(signature)

(type or print name)

Street _____

(city, state and zip code)

Street _____

(city, state and zip code)

Street _____

(city, state and zip code)

Street _____

(city, state and zip code)

Street _____

(city, state and zip code)

Street _____

(city, state and zip code)

Street _____

(city, state and zip code)

Street _____

(city, state and zip code)

Please remit your payment made payable to the Maine Secretary of State.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**