

Filing Fee \$45.00

**FOREIGN
NONPROFIT CORPORATION**

STATE OF MAINE

**APPLICATION FOR
AUTHORITY TO CARRY ON ACTIVITIES**

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

(Name of Corporation in Jurisdiction of Incorporation)

Pursuant to [13-B MRSA §1202](#), the undersigned corporation executes and delivers the following Application for Authority to Carry on Activities:

FIRST: If the real corporate name is not available, the **fictitious** name under which it proposes to apply for authority to carry on activities in the State of Maine is: (If not applicable, so indicate.)

Form [MNPCA-5](#) accompanies this application.

A **fictitious name** is a name adopted by a **foreign corporation** authorized to carry on activities in this State because its real name is unavailable pursuant to [13-B MRSA §301-A](#).

SECOND: Its jurisdiction of incorporation is _____ and the date of incorporation is _____.

THIRD: Purpose(s) it is authorized to do under the laws of its jurisdiction of incorporation:

FOURTH: Does it seek authority to engage in all activities authorized in its jurisdiction and allowed by Maine Law?

Yes No If no, specify activity (activities) for which authority is sought. _____

FIFTH: Address of the registered or principal office, wherever located, is _____

(street, city, state and zip code)

SIXTH: The Registered Agent is a: (select **either** a Commercial or Noncommercial Registered Agent)

Commercial Registered Agent CRA Public Number: _____

(name of commercial registered agent)

Noncommercial Registered Agent

(name of noncommercial registered agent)

(physical location, not P.O. Box – street, city, state and zip code)

(mailing address if different from above)

SEVENTH: Pursuant to [5 MRSA §108.3](#), the registered agent as listed above has consented to serve as the registered agent for this nonprofit corporation.

EIGHTH: This application is accompanied by a certificate of existence or a document of similar import duly authenticated by the Secretary of State or other official having custody of corporate records in the state or country under whose law the foreign corporation is incorporated. The certificate of existence must have been made not more than 90 days prior to the delivery of this application for filing.

Dated _____

***By** _____
(signature of any duly authorized individual)

(type or print name and capacity)

*This document **MUST** be signed by any duly authorized individual.

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

Submit completed form to:

**Secretary of State
Division of Corporations, UCC and Commissions
101 State House Station
Augusta, ME 04333-0101
Telephone Inquiries: (207) 624-7752**

Email Inquiries: CEC.Corporations@Maine.gov

