DOMESTIC NONPROFIT CORPORATION

STATE OF MAINE

ARTICLES OF INCORPORATION

	Deputy Secretary of State	
A	True Copy When Attested By Signature	
	Deputy Secretary of State	
	Deputy Secretary of State	

			Deputy Secretary of State				
Pursuant to 13-1	B MRSA	§403, the undersigned incorporator(s) execute	e(s) and deliver(s) the following Articles of Incorporation:				
FIRST:	The na	The name of the corporation is					
SECOND:	("X" c	("X" one box only. Attach additional page(s) if necessary.)					
		The corporation is organized as a public be	nefit corporation for the following purpose or purposes:				
		The corporation is organized as a mutual be not for all such purposes, then for the follows:	penefit corporation for all purposes permitted under Title 13-B or, i wing purpose or purposes:				
THIRD:	The Registered Agent is a: (select either a Commercial or Noncommercial Registered Agent)						
		Commercial Registered Agent	CRA Public Number:				
		(name of cor	nmercial registered agent)				
		Noncommercial Registered Agent					
		(name of non	commercial registered agent)				
		(physical location, not P	O. Box – street, city, state and zip code)				
		(mailing ad	dress if different from above)				

FOURTH:

Pursuant to 5 MRSA §108.3, the new commercial registered agent as listed above has consented to serve as the registered agent for this nonprofit corporation.

FIFTH:	The number of directors (not less than 3) consti	tuting the initial board of directors of	the corporation, if the number has
	been designated or if the initial directors have be	en chosen, is	
	The minimum number of directors (not less that of directors shall be		and the maximum number
SIXTH:	Members: ("X" one box only.)		
	There shall be no members.There shall be one or more classes of n	nembers and the information required	by 13-B MRSA §402 is attached.
SEVENTH:	(Optional) Check if this article	is to apply.)	
	No substantial part of the activities of the Corpo influence legislation, and the Corporation shall r of statements) any political campaign on behalf	ot participate in or intervene in (inclu	
EIGHTH:	(Optional) Check if this article	is to apply.)	
	Other provisions of these articles including predistribution of assets on dissolution or final li 501(c) are set out in Exhibit attached he	quidation and the requirements of the	-
Incorporators		Dated	
		Street	
	(signature)		ldress)
	(type or print name)	(city, sta	te and zip code)
		Street	
	(signature)		ldress)
	(type or print name)	(city, sta	te and zip code)
		Street	
	(signature)	(ac	ldress)
	(type or print name)	(city, sta	te and zip code)

*Articles are to be executed as follows:

If a corporation is an incorporator (13-B MRSA §401), the name of the corporation should be typed or printed and signed on its behalf by an officer of the corporation. The articles of incorporation must be accompanied by a certificate of an appropriate officer of the corporation, not the person signing the articles, certifying that the person executing the articles on behalf of the corporation was duly authorized to do so.

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

Filer Contact Cover Letter

Department of the Secretary of State Division of Corporations, UCC and Commissions 101 State House Station Augusta, ME 04333-0101	Tel. (207) 624-7752
Name of Entity (s):	
List type of filing(s) enclosed (i.e. Articles of Incorporation, Articles of Me of Correction, etc.) Attach additional pages as needed.	rger, Articles of Amendment, Certif
Special handling request(s): (check all that apply) Hold for pick up Expedited filing - 24 hour service (\$50 additional fili	
Expedited filing - Immediate service (\$100 additional Total filing fee(s) enclosed: \$ Contact Information – questions regarding the above filing(s), p contact name and telephone number or email address will result in the return of the erroned	olease call or email: (failure to pr
(Name of contact person)	Daytime telephone number)
(Email address)	
The enclosed filing(s) and fee(s) are submitted for filing. Please return the address:	attested copy to the following
(Name of attested recipient)	
(Firm or Company)	
(Mailing Address)	
(City, State & Zip)	