



Nevada Registered Agent Service®

The *PREFERRED* choice in Registered Agents

Formation – Non-Profit Corporation

<input type="checkbox"/> NRS 82 – Articles of Incorporation Nonprofit	<input type="checkbox"/> NRS 81.010 – Formation of Nonprofit Cooperative Corporation With or Without Stock
<input type="checkbox"/> NRS 80 - Foreign Nonprofit Corporation	<input type="checkbox"/> NRS 81.410 – Articles of Incorporation Nonprofit Cooperative Corporation Without Stock
<input type="checkbox"/> NRS 81.170-81.270 - Articles of Cooperative Association	

Name being registered in Nevada:	
Foreign entity name: (If foreign, name in home jurisdiction)	
Jurisdiction of formation, Date formed: (NRS 80 only)	
Names and Addresses of the Board of Directors, Member, or Trustees: (NRS 81.410 must not be less than three members, see instructions)	:
	:
	:
	:
	:
	:
	:
	:
	:
Benefit Corporation: (Required for NRS 80, NRS 89 and any entity selecting Benefit Corporation. See instructions.)	<input type="checkbox"/> Yes By selecting "Yes" you are indicating that the corporation is organized as a benefit corporation pursuant to NRS Chapter 78B with a purpose of creating a general or specific public benefit. The purpose for which the benefit corporation is created must be disclosed in the below purpose field.

CONTINUED ON NEXT PAGE

Authorized Shares: (Number of shares corporation is authorized to issue)	Number of common shares with Par value: <input type="text"/> Par value: \$ <input type="text"/>
	Number of preferred shares with Par value: <input type="text"/> Par value: \$ <input type="text"/>
	Number of shares with no par value: <input type="text"/>
If more than one class or series of stock is authorized, please attach the information on an additional sheet of paper.	
Purpose: (Required, see instructions.)	<input type="text"/>
Member Property Rights: (NRS 81.010)	The property rights and interest of each member are: <input type="checkbox"/> Equal OR <input type="checkbox"/> Unequal
Member Property Rights: (NRS 81.410)	The property rights and interest of each member are: <input type="checkbox"/> Equal OR <input type="checkbox"/> Unequal
Term: (NRS 81.010, 81.170-81.270, 81.410 may be perpetual)	Latest date upon which the corporation is to exist: (if existence is not perpetual) <input type="text"/> : <input type="text"/>
Equal Interest Rights: (NRS 81.170-81.270)	<input type="checkbox"/> The interest and right of each member therein is to be equal.
Membership Fee: (NRS 81.170-81.270, must be completed)	Each member signing the articles has paid the fee and their interests and rights are equal. The membership fee per member is \$ <input type="text"/>
Name and Address of: NRS 80 Name, title and signature making the statement. NRS 81.010 Name, address and signature of three or more of the original members, a majority of whom must be residents of this state. NRS 81.410 and 82 Name, address and signature of the Incorporator(s). NRS 81.170 Must be signed by the original associates or members.	<input type="text"/>
	<input type="text"/>
<input type="checkbox"/> I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.	

**AN INITIAL LIST OF OFFICERS MUST ACCOMPANY THIS FORM
CONTINUED ON NEXT PAGE**



Initial List and State Business License

Initial List of Officers, Managers, Members, General Partners, Managing Partners, or Trustees:

:

NAME OF ENTITY

Please indicate the entity type (check only one):

Corporation

This corporation is publicly traded, the Central Index Key number is:

:

Nonprofit Corporation (see nonprofit sections below)

Limited-Liability Company

Limited Partnership

Limited-Liability Partnership

Limited-Liability Limited Partnership (If formed at the same time as the Limited Partnership)

Business Trust

Additional Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers, may be listed on a supplemental page.

CHECK ONLY IF APPLICABLE

Pursuant to NRS Chapter 76, this entity is exempt from the business license fee.

001 -Governmental Entity

006 - NRS 680B.020 Insurance Co, provide license or certificate of authority number below

:

For nonprofit entities formed under NRS Chapter 80: entities without 501(c) nonprofit designation are required to maintain a state business license, the fee is \$200.00. Those claiming an exemption under 501(c) designation must indicate by checking box below.

Pursuant to NRS Chapter 76, this entity is a 501(c) nonprofit entity and is exempt from the business license fee. Exemption code 002

For nonprofit entities formed under NRS Chapter 81: entities which are Unit-owners' association or Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. § 501(c) are excluded from the requirement to obtain a state business license. Please indicate below if this entity falls under one of these categories by marking the appropriate box. If the entity does not fall under either of these categories you must submit \$200.00 for the state business license.

Unit-owners' Association

Religious, charitable, fraternal or other that qualifies as a tax-exempt organization pursuant to 26 U.S.C. § 501(c)

For nonprofit entities formed under NRS Chapter 82 and 80: Charitable Solicitation Information - check applicable box
Does the Organization intend to solicit charitable or tax-deductible contributions?

No – no additional form is required

Yes – the "Charitable Solicitation Registration Statement" is required.

The Organization claims exemption pursuant to NRS 82A.210

Initial List and State Business License – Continued

Officers, Managers, Members, General Partners, Managing Partners, or Trustees:

CORPORATION, INDICATE THE PRESIDENT , OR EQUIVALENT OF: (Title) : _____ (Name and address) : : : :
CORPORATION, INDICATE THE SECRETARY , OR EQUIVALENT OF: (Title) : _____ (Name and address) : : : :
CORPORATION, INDICATE THE TREASURER , OR EQUIVALENT OF: (Title) : _____ (Name and address) : : : :
CORPORATION, INDICATE THE DIRECTOR : (Title) : _____ (Name and address) : : : :

None of the officers or directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

: : :	:	:
Name of Officer, Manager, Managing Member, General Partner, Managing Partner, Trustee, Member or Owner of Business	Title	Date