

Nonprofit Corporation Instructions



Wyoming Secretary of State ♦ 2020 Carey Avenue, Suite 700 ♦ Cheyenne, WY 82002-0020

307.777.7311 ♦ Business@wyo.gov

<http://soswy.state.wy.us>

Before Filing Please Note

- One **originally signed** Articles of Incorporation and one **originally signed** Consent to Appointment by Registered Agent form must be submitted.
- Filing fee of \$25.00.** Make check or money order payable to Wyoming Secretary of State.
- The Articles must be in compliance with Wyoming Statutes 17-19-120 through W.S. 17-19-202.
- If you need an EIN or are applying for 501(c)(3) status with the Internal Revenue Service, you may need specific language in your articles. For more information you can contact the Internal Revenue Service or refer their web page: <http://www.irs.gov/Charities-&-Non-Profits/Employer-Identification-Number>
- Please provide at least one e-mail address in the Articles of Incorporation. The provided e-mail address is used *only* to send you a certificate of evidence and annual report reminders.
- Annual reports are due every year** on the first day of the anniversary month of formation. If not paid within 60 days of the due date the entity will be subject to dissolution.



You're Ready to Mail in Your Documents!

- ♦ **Typical processing time is 3-5 business days** following the date of receipt in our office.
- ♦ Wyoming statutes do not allow for expedited filing at this time. Your filing will be processed in the order it is received.
- ♦ You can visit our website at <http://wyobiz.wy.gov> to see what day is currently being processed.

Additional Contact Information

- ♦ **Department of Revenue** (Sales and Use Tax Information)
 - Ph. 307.777.5200 OR <https://revenue.state.wy.us/>
- ♦ **Wyoming Business Council** (Licensing or Permit Information)
 - Ph. 307.777.2843 OR <http://www.wyomingbusiness.org/>
- ♦ **Department of Workforce Services** (Workers' Compensation or Unemployment Insurance)
 - Ph. 307.777.8650 OR <http://www.wyomingworkforce.org/>
- ♦ **Internal Revenue Service** (Tax ID Information)
 - <https://www.irs.gov/Filing>



Ed Murray
Wyoming Secretary of State
2020 Carey Avenue, Suite 700
Cheyenne, WY 82002-0020
Ph. 307.777.7311
Fax 307.777.5339
Email: Business@wyo.gov

For Office Use Only

Nonprofit Corporation Articles of Incorporation

1. Corporation name:

2. This corporation is a: (Check one appropriate category. You may refer to W.S. 17-19-1804 for definitions of these terms.)

Religious

Public Benefit

Mutual Benefit

3. Name and physical address of its registered agent:

*(The registered agent may be an individual resident in Wyoming or a domestic or foreign business entity authorized to transact business in Wyoming. **The registered agent must have a physical address in Wyoming.** If the registered office includes a suite number, it must be included in the registered office address. A Drop Box is not acceptable. A PO Box is acceptable if listed **in addition to a physical address.**)*

Name:

Address:

*(If mail is received at a Post Office Box, please list above **in addition to the physical address.**)*

4. Mailing address of the nonprofit corporation:

5. Principal office address:

6. This corporation will have **OR** will not have members.

(The term "members" has a specific legal meaning which is that members elect, in a formal meeting, the board of directors. If your corporation has a board of directors which elects itself, then you do not have members. Members are not donors or volunteers.)

7. Provisions regarding the distribution of assets upon dissolution are:

(How will the assets be distributed if the nonprofit corporation is dissolved?)

8. The type of business the nonprofit corporation will be conducting:

9. Name and address of each incorporator:

Name: _____ Address: _____

10. Execution (*all incorporators must sign*):

Signature: _____

Date:
(mm/dd/yyyy)

Print Name:

Signature: _____

Date:
(mm/dd/yyyy)

Print Name:

Signature: _____

Date:
(mm/dd/yyyy)

Print Name:

Signature: _____

Date:
(mm/dd/yyyy)

Print Name:

Signature: _____

Date:
(mm/dd/yyyy)

Print Name:

Signature: _____

Date:
(mm/dd/yyyy)

Print Name:

Contact Person:

Daytime Phone Number:

Email:

*(Email provided will receive annual report reminders and filing evidence)
*May list multiple email addresses**

