

CN
51-02

KANSAS SECRETARY OF STATE
Not-For-Profit Corporation
Articles of Incorporation
Instructions

Kansas Office of the Secretary of State:

Memorial Hall, 1st Floor (785) 296-4564
120 S.W. 10th Avenue kssos@sos.ks.gov
Topeka, KS 66612-1594 www.sos.ks.gov

All information on the articles of incorporation **must be complete** and accompanied by the **correct filing fee** or the document will **not** be accepted for filing.

Save time and money by filing your articles of incorporation online at **www.sos.ks.gov**. There, you can also stay up-to-date on your organization's status, annual report due date, and contact addresses.

| | |
|---|--|
| <input type="checkbox"/> Filing fee | The filing fee for this document is \$20 . |
| <input type="checkbox"/> Payment | Please enclose a check or money order payable to the Secretary of State. Articles received without the appropriate fee will not be accepted for filing. Please do not send cash. NOTICE: There is a \$25 service fee for all checks returned by your financial institution. Also, to expedite processing, please do not use staples on your documents or to attach checks. |
| <input type="checkbox"/> Corporation name | A word of incorporation must be included in the name per K.S.A. 17-6002. Kansas Statutes can be reviewed at www.kslegislature.org . |
| <input type="checkbox"/> Resident agent | The resident agent is a person or entity that is authorized to accept service of process (lawsuits) on behalf of the business entity. This does not necessarily mean that the agent himself/herself is being sued, but that he/she has the authority and responsibility to accept service of process on behalf of the business. |
| <input type="checkbox"/> Registered office | The registered office is the address where the resident agent is located. |
| <input type="checkbox"/> Mailing address | The mailing address is where you would like to receive official mail from the Secretary of State's Office. |
| <input type="checkbox"/> Incorporators | An incorporator can be either an individual or a business. This person or entity is responsible for the formation of the business created by this filing. The incorporator is not necessarily the owner and his/her role in the business may cease as soon as the filing is made. |
| <input type="checkbox"/> Directors | The directors section (Question 9) must be completed if the incorporator's power terminates once the document is filed. |
| <input type="checkbox"/> Signatures | If the incorporator is an individual, the signature must match exactly the name listed in the incorporator's section (question 8). If the incorporator is a business, the signature of an individual authorized to sign for the business would be required. Do not enter the business name in the signature field. |
| | NOTICE: Not-for-profit Corporations do not automatically qualify for exemption from federal taxes. In order to qualify for exemption, the Internal Revenue Service (IRS) requires that the articles of incorporation contain certain provisions. This form does not contain these requisite provisions. You may refer to section 501(c)3 of the Internal Revenue Code or contact the IRS at (800) 829-3676 for a copy of the IRS publication 557 or download the publication at www.irs.com . |

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THIS SPACE FOR OFFICE USE ONLY.

Instructions: All information must be completed or this document will not be accepted for filing.

1. Name of corporation

| |
|--|
| |
|--|

2. Name of resident agent and address of registered office in Kansas

Must be a Kansas street address. A P.O. Box is unacceptable.

| | | | |
|----------------|-------|-----|--|
| Name | | | |
| Street Address | | | |
| City | State | Zip | |
| | KS | | |

3. Mailing address

Address will be used to send official mail from the Secretary of State's Office.

| | | | |
|----------------|-------|-----|---------|
| Attention Name | | | |
| Address | | | |
| City | State | Zip | Country |
| | | | |

4. Tax closing month

| |
|--|
| |
|--|

5. Nature of corporation's business of purpose

| |
|--|
| |
|--|

6. Will this corporation have the authority to issue capital stock?

| | | | | |
|--|-----------------------------|--|------------------------------|------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes , the total number of shares authorized: | | |
| Shares | Stock | Class | Par Value | /ea. |
| Shares | Stock | Class | Par Value | /ea. |
| Shares | Stock | Class | Without Nominal or Par Value | |
| Shares | Stock | Class | Without Nominal or Par Value | |
| If applicable, state any designations, powers, rights, limitations, or restrictions applicable to any class or any special grant of authority to be given to the board of directors. | | | | |

7. Are the conditions of membership fixed by bylaws

| | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | If no , state the conditions of membership: |
| | | |

8. Name and mailing address of each incorporator

Do not leave blank. If additional space is needed, please provide attachment.

| | | | |
|---------|-------|-----|---------|
| Name 1 | | | |
| Address | | | |
| City | State | Zip | Country |
| Name 2 | | | |
| Address | | | |
| City | State | Zip | Country |

9. Name and mailing address of each member of board of directors

This must be completed if incorporator's power terminates once document is filed. If additional space is needed, please provide attachment.

| | | | |
|---------|-------|-----|---------|
| Name 1 | | | |
| Address | | | |
| City | State | Zip | Country |
| Name 2 | | | |
| Address | | | |
| City | State | Zip | Country |

10. Duration of corporation

| | | | |
|---|-------|-----|------|
| <input type="checkbox"/> Perpetual | | | |
| <input type="checkbox"/> Date corporation will cease: | Month | Day | Year |

11. Effective date

Must be within 90 days of filing.

| | | | |
|---|-------|-----|------|
| <input type="checkbox"/> Upon filing | | | |
| <input type="checkbox"/> Future effective date: | Month | Day | Year |

12. I/We declare under penalty of perjury pursuant to the laws of the state of Kansas that the foregoing is true and correct, and that I/we have remitted the required fee.

Signatures must correspond exactly to names of incorporators listed in Question 8.

| | | | |
|---------------------------|-------|-----|------|
| Signature of Incorporator | Month | Day | Year |
| Signature of Incorporator | Month | Day | Year |