

STATE OF ALABAMA

DOMESTIC NONPROFIT CORPORATION
CERTIFICATE OF INCORPORATION

PURPOSE: In order to form a Nonprofit Corporation under Article 3 of Chapter 1 and Section 10A-3A-2.02 of the *Code of Alabama 1975*, this Certificate of Incorporation and the appropriate filing fees must be filed with the Office of the Secretary of State. **The information required in this form is required by Title 10A.**

INSTRUCTIONS: **Mail 2 copies of this completed form along with a self-addressed, stamped envelope to:**

***Secretary of State, Business Services, P.O. Box 5616, Montgomery, Alabama 36103.**

*Include a check, money order, or credit card payment for the **\$200.00** processing fee.

*The Secretary of State shall pay the sum of \$100.00 to the county treasurer for the county in which the office of the initial registered agent for that entity is located.

*You may file the Certificate of Incorporation online in the time it takes to type this request.

*The Certificate will not be registered if the credit/debit card does not authorize and will be removed from the index if the check is dishonored (\$30 fee).

This form must be typed and will not be accepted via email.

1. The name of the corporation: _____

2. **A copy of the Name Reservation certificate from the Office of the Secretary of State must be attached.**

3. This nonprofit corporation (MUST check one):

___ has Members **or** ___ has no Members

4. The name of the registered agent (only one agent): _____

Street (No P.O. Boxes) address of registered office (must be located in Alabama): _____

***COUNTY** of above address: _____

Mailing address **in Alabama** of registered office (if different from street address): _____

5. Purpose for which corporation is formed includes the transaction of any lawful business for which nonprofit corporations may be incorporated in Alabama under Title 10A, Chapter 3A of the Code of Alabama.

6. Period of duration shall be perpetual unless stated otherwise by an attached exhibit.

***County of Registered Agent is required in order to determine distribution of County filing fees.**

This form was prepared by: (type name and full address)

(For SOS Office Use Only)

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- 7. A list of initial Directors names and addresses may be attached to this Certificate of Incorporation.
- 8. Unless an attachment to this Certificate of Incorporation provides that a change in the number of directors shall be made only by amendment to the Certificate of Incorporation, a change in the number of directors made by amendment to the bylaws shall be controlling. In all other cases, whenever a provision of the Certificate of Incorporation is inconsistent with a bylaw, the provision of the Certificate of Incorporation shall be controlling.
- 9. Pursuant to Section 10A-3A-2.02(b)(4), a director shall not be liable to the nonprofit corporation or its members for money damages for any action taken, or any failure to take any action, as a director, except liability for (i) the amount of a financial benefit received by a director to which the director is not entitled, (ii) an intentional infliction of harm on the nonprofit corporation or its members, (iii) a violation of Section 10A-3A-8.32, or (iv) an intentional violation of criminal law.

Attached are any other provisions that are not inconsistent with law relating to organization, ownership, governance, business, or regulation of the internal affairs of the nonprofit corporation, including any provisions for distribution of assets on dissolution or final liquidation. Failure to include certain provisions could mean that the entity will not qualify for tax exemption under Section 501(c)(3) of the Internal Revenue Code.

**Name, address and signature of all Incorporators. (The entity cannot be listed as an Incorporator):
MUST PROVIDE AT LEAST ONE INCORPORATOR**

The name of the Incorporator: _____

Street (No P.O. Boxes) address of Incorporator: _____

Mailing address (if different): _____

Date (MM/DD/YYYY)

Signature of Incorporator

The name of the Incorporator: _____

Street (No P.O. Boxes) address of Incorporator: _____

Mailing address (if different): _____

Date (MM/DD/YYYY)

Signature of Incorporator

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Any additional Incorporators:

The name of the Incorporator: _____

Street (No P.O. Boxes) address of Incorporator: _____

Mailing address (if different): _____

Date (MM/DD/YYYY)

Signature of Incorporator

The name of the Incorporator: _____

Street (No P.O. Boxes) address of Incorporator: _____

Mailing address (if different): _____

Date (MM/DD/YYYY)

Signature of Incorporator

The name of the Incorporator: _____

Street (No P.O. Boxes) address of Incorporator: _____

Mailing address (if different): _____

Date (MM/DD/YYYY)

Signature of Incorporator

**Name, address and signature of all Incorporators.
(The entity cannot be listed as an Incorporator)**

Secretary of State Credit Card or Prepaid Payment Option/Return/Hold Sheet: If you do not send an acknowledgement copy and a pre-addressed postage paid envelope with the filing you will not receive a receipt from the Secretary of State's Office. Hold for pickup request will have the receipt attached. The document of record will be stamped showing the receipt of the filing fee but will not show convenience fees (these fees are 3% of the total charge plus \$2.00).

Information MUST be typed or filing will be returned without review.

Entity Name: _____

Service Requested: \$200.00 Incorporation filing fee

Hold at Front Desk for pick-up by: _____

There is no notification service/call for pick-up.

Choose one of the following:

_____ Check/money order is attached-Please make one check payable for each filing to the Alabama Secretary of State. Do not use one check for multiple filings.

_____ Charge fees to prepaid account: Account Number _____

and Account Name _____

Typed Name & Signature of Authorized Individual on Account

_____ Credit Card Type: _____ (Visa, MC, Discover & AmEx)

Card Number: _____ Expiration Mo/Yr.: ____/____ (MM/YY)

Card Holder Name: _____

Complete Billing Address: _____

Street or PO Box

_____ City

State

Zip

Signature of Card Holder: _____

MUST be Signature of Card Holder