



State of Alaska  
Division of Corporations, Business and Professional Licensing  
**CORPORATIONS SECTION**  
PO Box 110806  
Juneau, AK 99811-0806  
Phone: (907) 465-2550  
Fax: (907) 465-2974  
Website: [www.commerce.alaska.gov/occ](http://www.commerce.alaska.gov/occ)

## **ARTICLES OF INCORPORATION**

### **Domestic Nonprofit Corporation**

### **AS 10.20.151 &.153**

**Filing Fee: \$50.00**

#### **INSTRUCTIONS *(Please retain for your records):***

**Refer to Alaska Statutes 10.20.151 & .153. If you need assistance in completing your filing, it is advised that you seek legal counsel. Please be aware that this filing will become public information.**

**NOTE:** Bylaws are not required to be filed with this office; they are to be maintained by the entity. If you include your bylaws, they will be returned without being filed for record.

#### **ARTICLE 1: Name of Corporation**

The corporate name may not contain a word or phrase that indicates or implies that the corporation is organized for a purpose other than the purpose contained in its articles of incorporation. A corporate name must be distinguishable upon the record. To search the availability of the legal name of the corporation in the State of Alaska go to the Corporations Section at [www.commerce.alaska.gov/occ](http://www.commerce.alaska.gov/occ) and select Search Corporations Database.

#### **ARTICLE 2: Disclosure of Corporate Purposes**

The purpose describes activities of the corporation at the time of the initial filing and may include "any lawful." In addition to purpose, also include the NAICS code where indicated. NAICS code may not conflict with the purpose listed. A complete list of NAICS codes is available online under the Corporations Section at [www.commerce.alaska.gov/occ](http://www.commerce.alaska.gov/occ).

#### **ARTICLE 3: Registered Agent**

The registered agent of this domestic non-profit corporation must be an individual who is a resident of Alaska, or a corporation (excluding LLC, LP and LLP) registered and in good standing with this office. The registered agent is statutorily responsible for receiving and forwarding processes, notices, or demands on to the last known address of the entity. A corporation may not act as its own registered agent. A physical address and a mailing address in the State of Alaska must be given.

#### **ARTICLE 4: Directors**

Provide the number of directors constituting the initial board of directors. Indicate the names and mailing address of the persons who are to serve as the initial directors. If there are more than three directors, attach an additional sheet.

#### **ARTICLE 5: Optional Provisions and Additional Articles**

Attach additional pages for continuation of optional provisions and/or additional articles as authorized in the statutes. Please indicate which article you are continuing and/or insert any desired additional provisions authorized by Alaska Statutes. Additional articles should be a continuation of the numbering as it appears on this form.

**Note:** For more information regarding IRS tax exemption status, visit their website at [www.irs.gov](http://www.irs.gov).

### **Signatures of the Incorporators**

Three or more natural persons at least 19 years of age may act as incorporators of a corporation by signing and delivering in duplicate to the commissioner articles of incorporation for the corporation.

**NOTE:** Persons who sign documents filed with the commissioner that are known to the person to be false in material respects are guilty of a class A misdemeanor.

Mail the Articles of Incorporation and the \$50.00 filing fee in U.S. dollars to:  
State of Alaska, Corporations Section, PO Box 110806, Juneau, AK 99811-0806

**STANDARD PROCESSING TIME** for complete and correct applications submitted to this office is approximately 10-15 business days. All applications are reviewed in the date order they are received. To file your application online for immediate processing, visit our website at: [www.commerce.alaska.gov/occ](http://www.commerce.alaska.gov/occ).

**INITIAL REPORT:** After filing your Articles of Incorporation, visit the Corporations Section at on our website, select Online Filing, and file the initial report for this entity.

### **ADDITIONAL RESOURCES:**

- **Professional License:**

For information regarding what professions require a Professional License, statutes, how to obtain a Professional License, and/or the expiration date if you already have a Professional License, go to the Professional License Section of our website at [www.commerce.alaska.gov/occ](http://www.commerce.alaska.gov/occ).

- **Business License:**

For the privilege of engaging in a business in the State of Alaska, a Business License is required for a new entity. For information regarding business licenses, statutes, and how to obtain a Business License, go to the Business License Section of our website at [www.commerce.alaska.gov/occ](http://www.commerce.alaska.gov/occ).

- **Alaska Corporate Net Income Tax**

Every corporation earning gross income from sources within the state, except for those corporations that are specifically exempted, must file a corporation net income tax return. Contact the Alaska Department of Revenue, Tax Division, PO Box 110420, Juneau, Alaska, 99811-0420, telephone number (907) 465-2320 for more information.



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**ARTICLES OF INCORPORATION**  
**Domestic Nonprofit Corporation**  
**AS 10.20.151 & .153**

**\$50.00 Filing Fee**

Pursuant to Alaska Statutes 10.20.151 and 10.20.153, the undersigned nonprofit corporation applies for a Certificate of Incorporation and, for that purpose, submits the following articles:

**ARTICLE 1:** Name of the corporation may contain the word "corporation", "company", "incorporated", "limited" or an abbreviation of one of these words:

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**ARTICLE 2:** Indicate the purpose of the corporation (may include "any lawful") and, separately, the 6 digit NAICS Industry Grouping Code that most clearly describes the initial activities of the company:

Purpose:	NAICS code:						
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**ARTICLE 3:** Registered agent name and address (must include a physical and mailing address in Alaska):

Name:			
Physical address:	City:	AK	Zip Code:
Mailing address:	City:	AK	Zip Code:

**ARTICLE 4:** Initial board of directors:

Number of directors constituting the initial board of directors (must be at least 3):	
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The names and mailing addresses of the persons who are to serve as the initial directors:

Name:
Mailing address:
Name:
Mailing address:
Name:
Mailing address:
Name:
Mailing address:

Attach an additional sheet if necessary.

**ARTICLE 5: Optional Provisions and Additional Articles**

Attach additional pages for continuation of optional provisions and/or additional articles. Please indicate which article you are continuing and/or insert any desired additional provisions authorized by Alaska Statutes. Additional articles should be a continuation of the numbering as it appears on this form.

**Signatures:** The printed name and signature of the Incorporators (at least 3) who are natural persons of the age of at least 19 years or more.

Signature of Incorporator	Printed name of Incorporator	Date

Attach an additional sheet if necessary.

**NOTE:** Persons who sign documents filed with the commissioner that are known to the person to be false in material respects are guilty of a class A misdemeanor.

**NOTE:** Bylaws are not required to be filed with this office; they are to be maintained by the entity. If you include your bylaws, they will be returned, without being filed for record.

Mail the Articles of Incorporation and the \$50.00 filing fee in U.S. dollars to:  
State of Alaska Corporations Section, PO Box 110806, Juneau, AK 99811-0806

**STANDARD PROCESSING TIME** for complete and correct applications submitted to this office is approximately 10-15 business days. All applications are reviewed in the date order they are received. To file your application online for immediate processing, visit our website at: [www.commerce.alaska.gov/occ](http://www.commerce.alaska.gov/occ).

**INITIAL REPORT:** After filing your Articles of Incorporation, visit the Corporations Section at on our website, select Online Filing, and file the initial report for this entity.



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### CONTACT INFORMATION SHEET

Please return this document with your filing. This information will only be used to resolve questions with the filings attached. **NOTE:** this form will not be filed for record or appear online.

Name of entity as it appears on filing:

To resolve questions with this filing, contact:

Name:	
Email:	Phone:
Mailing address:	

Return documents to:

Name:
Company:
Mailing address:

Attach this form to your filings. Send all documents to:  
State of Alaska, Corporations Section, PO Box 110806, Juneau, AK 99811-0806

**STANDARD PROCESSING TIME** for complete and correct applications submitted to this office is approximately 10-15 business days. All applications are reviewed in the date order they are received.



THE STATE  
of **ALASKA**  
*Department of Commerce, Community, and Economic Development*  
*Division of Corporations, Business and Professional Licensing*

FOR DIVISION USE ONLY

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## Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee: \_\_\_\_\_

Program Type: \_\_\_\_\_ License Number (if applicable): \_\_\_\_\_

I wish to make payment by credit card for the following (check all that apply):

**AMOUNT**

Application Fee: \_\_\_\_\_

License or Renewal Fee: \_\_\_\_\_

Other (name change, wall certificate, fine, duplicate license, exam, etc.):

1. \_\_\_\_\_

2. \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

Name (as shown on credit card): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email (optional): \_\_\_\_\_

Signature of Credit Card Holder: \_\_\_\_\_

08-4438

Rev 12/26/18

Credit Card Payment Form (all major cards accepted)

**CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!**

<p>1. Account Number: _____</p> <p>2. Expiration Date: _____</p> <p>3. Billing ZIP Code: _____</p> <p>4. Security Code: _____</p>	<p>All four fields <b>MUST</b> be completed!</p> <p>This section will be destroyed after the payment is processed.</p>
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