



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

ARTICLES OF INCORPORATION

Domestic Cooperative Corporation

AS 10.15.350

Filing Fee: \$250.00

INSTRUCTIONS *(Please retain for your records):*

Refer to Alaska Statutes 10.15.350. 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.

ARTICLE 1: Name of Corporation

The corporate name must contain the word "cooperative" or be an abbreviation of the word. The 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 and select Search Corporations Database.

ARTICLE 2: Duration

Provide the period of duration. Duration is the life expectancy of the corporation and may be a specific future date of less than 100 years. If there is no expected end date, select the "perpetual" box, indicating the corporation plans to transact business uninterrupted for an undeterminable amount of time.

ARTICLE 3: Disclosure of Corporate Purposes

A cooperative may be organized under the chapter for any lawful purpose, except for the purpose of banking or insurance or the furnishing of electric or telephone service.

In addition to purpose, also you may opt 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.

ARTICLE 4: Registered Agent

The registered agent of this domestic cooperative 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 5: Membership

Specify if the cooperative is organized with or without membership stock; select the appropriate box. Indicate the amount of the membership fee in the box provided. List the limitations, if any, on transfer of a membership.

Note: If the cooperative has membership stock it must complete Article 6.

ARTICLE 6: Membership Stock

Indicate the number and par value, if any, of membership stock and the limitations upon transfer, if any,

application to the classes of membership stock.

ARTICLE 7: Capitol Stock

Indicate the number and par value, if any, of capitol stock. If more than one class of stock is authorized, indicate the designation, preferences, limitations, and relative rights of each class.

ARTICLE 8: Stock Limitations

If there are any limitations to the right to acquire or recall membership or capitol stock, please indicate this in the box provided.

ARTICLE 9: Distribution of Assets

Indicate the basis of distribution of assets in the event of dissolution or liquidation.

ARTICLE 10: Directors

Provide the name and mailing address of the initial board of directors that will serve until the first annual meeting of the members or until their successors are election to take office. There must be at least three (3) initial directors.

ARTICLE 11: Incorporators

Provide the names and address of the Incorporators (at least three) who are a natural person of the age of 19 years or more.

Signatures of the Incorporators

The printed names and signatures of the Incorporators (at least three) who are natural persons of the age of 19 years or more.

Mail the Articles of Incorporation and the \$250.00 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.

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.

- **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.

- **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 Cooperative Corporation
AS 10.15.350

\$250.00 Filing Fee

Pursuant to Alaska Statutes 10.15.530, the undersigned cooperative applies for a Certificate of Incorporation and, for that purpose, submits the following articles:

ARTICLE 1: Name of the cooperative must contain the word "cooperative" or be an abbreviation of the word.

ARTICLE 2: Provide the period of duration, or "life expectancy" of the corporation (check box if perpetual):

Duration: ___/___/____ Perpetual

ARTICLE 3: Indicate the purpose of the corporation (may include "any lawful"). The NAICS code is optional:

Purpose:	NAICS code:								
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ARTICLE 4: 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 5: Provide the appropriate membership information:

- The cooperative is organized without membership stock.
- The cooperative is organized with membership stock.

Amount of membership fee: \$ _____

List the limitations, if any, on transfer of a membership:

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Attach an additional sheet if necessary.

ARTICLE 6: List the number of authorized shares of membership stock, if any:

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# of Membership shares	Class	Series	Par value
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# of Membership shares	Class	Series	Par value
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List the limitations upon transfer applicable to the classes of capitol stock:

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Attach an additional sheet if necessary.

ARTICLE 7: List the number of authorized shares of capitol stock, if any:

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# of Authorized shares	Class	Series	Par value
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# of Authorized shares	Class	Series	Par value
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If one or more class of stock is authorized, list the designation, preferences, limitations, and relative rights of each class.

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Attach an additional sheet if necessary.

ARTICLE 8: Indicate any limitations on the right to acquire or recall stock:

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Attach an additional sheet if necessary.

ARTICLE 9: Indicate the basis of distribution of assets in the event of dissolution or liquidation:

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Attach an additional sheet if necessary.

ARTICLE 10: The names and mailing addresses of the initial directors of the cooperative (must be at least 3):

Title	Name	Mailing address	City	State	ZIP code

Attach an additional sheet if necessary. Please do not include confidential information such as Social Security Numbers, driver license numbers or date of birth as this record is public information.

ARTICLE 11: The names and mailing addresses of the incorporators of the cooperative (must be at least 3):

Title	Name	Mailing address	City	State	ZIP code

Attach an additional sheet if necessary. Please do not include confidential information such as Social Security Numbers, driver license numbers or date of birth as this record is public information.

Signatures: The printed name and signature of the Incorporators who are natural persons of the age of 19 years or more.

Signature of Incorporator	Printed name of Incorporator	Date

Mail the Articles of Incorporation and the \$250.00 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.



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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

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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 MUST be completed!</p> <p>This section will be destroyed after the payment is processed.</p>
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