



THE STATE  
of **ALASKA**

Department of Commerce, Community and Economic Development  
Division of Corporations, Business and Professional Licensing

**CORF**

FOR DIVISION USE ONLY

**Corporations Section**

State Office Building, 333 Willoughby Avenue, 9<sup>th</sup> Floor  
PO Box 110806, Juneau, AK 99811-0806  
Phone: (907) 465-2550 • Fax: (907) 465-2974  
Website: *Corporations.Alaska.Gov*

**Articles of Incorporation**

**Domestic Religious Corporations**

**(AS 10.40)**

- This Articles of Incorporation is only for a Domestic Religious Corporation.
- Submit this filing hardcopy, along with its payment, via fax or U.S. Mail.
  - Tip: if faxing, print a confirmation page from your fax machine that all pages were successfully faxed.
- For security reasons, DO NOT EMAIL forms and/or payments.
- **Processing Time:** Standard processing time from March-September is 10-15 business days. During heavy filing seasons, October-February, the processing time will be delayed.

**Important:** Religious versus Non-Profit

AS 10.40 versus AS 10.20

**Purpose:** A religious purpose is not limited to a Religious Corporation. Both a Religious Corporation (under AS 10.40) and a Non-Profit Corporation (under AS 10.20) may have a religious purpose.

**Control/Management:** A Religious Corporation is controlled by one (1) individual (per AS 10.40.020); whereas, a non-profit is managed by a board of directors (per AS 10.20.081) with a minimum of seven (7) titles and three (3) individuals holding the titles.

For more information, go to *www.Corporations.Alaska.Gov*, Non-Profit and Religious Corporation FAQs.

NOTE: This division does not provide legal advice. The above information is provided for your convenience and is not to be interpreted as legal advice. You are encouraged to seek the advice of a professional, such as an attorney, if you need assistance.

\$50 Nonrefundable Filing Fee (CORF)

AS 45.50.040

Fax or U.S. Mail this form and the \$50 filing fee in U.S. dollars to the letterhead address.  
Make the check or money order payable to the State of Alaska, or use the attached credit card payment form.

**ARTICLE 1** Name of the corporation

AS 10.40.040(1)

May contain the word "corporation", "company", "incorporated", "limited", or an abbreviation of one of these words.



**ARTICLE 7****Sole Official**

AS 10.40.020 and AS 10.40.080

Provide the full legal NAME and full TITLE of the sole (1) official title authorized to execute documents on behalf of this Religious Corporation AND whom is vested the legal title to the property of this Religious Corporation.

-----  
*FULL Legal Name**FULL Legal Title*-----  
*Mailing Address**City**State**ZIP Code+4*

Per AS 10.40.020, an archbishop, bishop, president, trustee in trust, president of stake, president of congregation, overseer, presiding elder, or clergyman, of a church or religious society, who has been chosen, elected or appointed, in conformity with the constitution, canons, rites, regulations, or discipline of the church or religious society, and in whom is vested the legal title to the property of the church or religious society, may execute written articles of incorporation in triplicate, acknowledged before an officer authorized to take acknowledgments.

**ARTICLE 8****Required Signature and Corporate Seal**

AS 10.40.090, .080, .020

- The Articles of Incorporation shall be signed by an authorized individual who has been chosen, elected, or appointed, in conformity with the constitution, canons, rites, regulations, or discipline of the church or religious society, and in whom is vested the legal title to the property of the church or religious society. — AS 10.40.020
- Below is the official corporate seal to be filed with the department. — AS 10.40.090
- All writings shall be sealed with the seal of the corporation. — AS 10.40.080

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.

**Printed Name:** -----**Title of Authorized Signer:** -----**Date:** -----**Signature:** -----*Must be signed before acknowledging official (see below)*

(mandatory)

This is the official  
corporate seal to be filed  
with the department.

Corporate seal is required  
with signature.

*(Official corporate seal)***Acknowledgement Certificate: Notarized Signature**

The execution of the Articles of Incorporation by the above individual must (mandatory) be acknowledged before an officer authorized (see AS 09.63.010) to take acknowledgements.

Notary Stamp	Applicant's Signature:		Printed Name:	
	Notary Public for State of:		Subscribed and Sworn to Before me on this Day:	
	Notary's Signature:		My Commission Expires:	



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**Contact Information**

- Return this form with your filing
- This information may be used by the Division to assist with processing your attached filings
- This form will not be filed for record, or appear online

<b>Entity Information</b>		Enter your entity information as it appears on this filing.	
Entity Name:			
AK Entity #:			

<b>Contact Person</b>		Whom may we contact with any questions or problems with this filing?	
Company:			
Contact:			
Mailing Address:	Address:		
	City:	State:	ZIP:
Phone:			
Email:			

<b>Document Return Address</b>		Provide an address for the return of your filed documents.	
<input type="checkbox"/> Return my filings to the address provided <b>ABOVE</b>			
<input type="checkbox"/> Return my filings to this address provided <b>BELOW</b>			
Company:			
Contact:			
Mailing Address:	Address:		
	City:	State:	ZIP:



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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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