



Corporations Section

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: Corporations@Alaska.Gov

Website: Corporations.Alaska.Gov

Articles of Incorporation - Domestic Cooperative Corporation Instructions (AS 10.15.350)

GENERAL INFORMATION & RESOURCES

This Articles of Incorporation form will create a Domestic (Alaskan) Cooperative Corporation.

Submission: Submit this application via U.S. mail (do not e-mail). For hard copy filings, processing times may be up to 3 weeks from the date received. Between October and February, the processing time may be delayed due to renewals. Do not duplicate submissions; this can cause delays and duplicate payments.

Need help? Go to www.Corporations.Alaska.Gov and click "Create or File for a New Entity." This will provide expanded information and guidance concerning the contents of this application. If you do not find the answer to your question at that webpage, e-mail our office at Corporations@Alaska.Gov.

AFTER YOUR ENTITY IS REGISTERED:

Professional Licensing Section (if applicable): Business activities requiring a professional (occupational) license must obtain the appropriate licensing through www.ProfessionalLicense.Alaska.Gov.

Business Licensing Section: An entity must obtain an Alaska business license prior to engaging in business. An Alaska business license may be applied online through www.BusinessLicense.Alaska.Gov, click "New Alaska Business License."

Other agencies: Depending on the type of work and location, an entity may be required to hold other licenses, registrations, or permits on a municipal, state, or federal level to legally conduct its business activities. It is advised the business conducts a thorough search to ensure compliance with municipal, state, and federal agencies.

FUTURE FILINGS (CORPORATIONS SECTION):

Biennial Report: These reports are due every two (2) years to maintain your entity's status. See also: www.Corporations.Alaska.Gov, click "Biennial Report FAQs."

Registered Agent: When there are changes to the Registered Agent and/or their addresses in Alaska, submit a Change of Registered Agent form. The Registered Agent must be in Alaska, and this information must be kept updated. See also: www.Corporations.Alaska.Gov, click "Registered Agent FAQs."

Officials/Ownership: When there are changes to the officers/directors, members/managers, or shareholders/owners owning 5% or more, and there is no Biennial Report due, submit a Change of Officials form to keep this information updated.

For more information, go to www.Corporations.Alaska.Gov to open "Notice: The Entity's Responsibility" and review a variety of resources, forms, and FAQs.

You may keep this information sheet for your records. You do not need to submit this with your application.



THE STATE
of **ALASKA**

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

CORP

FOR DIVISION USE ONLY

Corporations Section

PO Box 110806, Juneau, AK 99811

Website: *Corporations.Alaska.Gov*

Articles of Incorporation

Domestic Cooperative Corporation (AS 10.15.350)

FEES

| | | |
|-----------------------|---|-----------------|
| Required Fees: | <input type="checkbox"/> Nonrefundable Filing Fee | \$250.00 |
|-----------------------|---|-----------------|

ARTICLE 1 Legal Name

The legal name of the cooperative must contain the word "Cooperative" or an abbreviation of the word.

| | |
|--------------------|--|
| Legal Name: | |
|--------------------|--|

ARTICLE 2 Duration

Select "Perpetual" if there is no set duration (end date) for the entity's existence. If the entity will exist for a specific period, then enter its duration (end date).

| | | | |
|---|--------|-----------------------|------------|
| <input type="checkbox"/> The corporation's duration is perpetual. | - OR - | Duration Date: | MM/DD/YYYY |
|---|--------|-----------------------|------------|

ARTICLE 3 Purpose & NAICS Code

Enter the purpose of the corporation, which may include "any lawful." A 6-digit NAICS code describing the initial activities of the entity is optional. Attach an additional sheet for the purpose if necessary.

| | | | | | | |
|--------------------|--|--|--|--|--|--|
| Purpose: | | | | | | |
| NAICS Code: | | | | | | |

ARTICLE 4 Registered Agent Information

The registered agent's legal name, physical address, and mailing address within Alaska. The registered agent may be a corporation (excluding LLC, LP, or LLP) or an individual with a physical location in Alaska. *The agent must be in Alaska and cannot be out-of-state.*

| | | | | | | |
|-------------------------------|-------------------|------|---------------------------|-----|--|--|
| Registered Agent Name: | | | | | | |
| Physical Address: | Street | City | State | Zip | | |
| | | | Alaska (mandatory) | | | |
| Mailing Address: | P.O Box or Street | City | State | Zip | | |
| | | | Alaska (mandatory) | | | |

ARTICLE 5 Membership

- The cooperative is organized *without* membership stock. Complete ARTICLE 6 and ARTICLE 7 only if applicable.
- OR -
 The cooperative is organized *with* membership stock. Must complete ARTICLE 6 and ARTICLE 7

Amount of Membership Fee (if any): \$ _____

List the limitations on transfer of membership below (if any):

ARTICLE 6 Authorized Shares and (if any) Membership Stock

This is *optional* for cooperatives organized *without* membership stock. Cooperatives *with* membership stock must complete this section and select which class (at least one) is membership stock. *Attach an additional sheet if necessary.*

| # of Authorized Shares | Class | Series | Par Value | This Class is Membership Stock? |
|------------------------|---|--------|-----------|---|
| | <input type="checkbox"/> Common <input type="checkbox"/> Preferred | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Common <input type="checkbox"/> Preferred | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

List the limitations upon transfer applicable to the classes of membership stock (if any):

If there is more than one class of stock, list the designation, preferences, limitations, and relative rights of each class:

ARTICLE 7 Limitations of the Right to Acquire or Recall Stock

Limitations of the right to acquire or recall stock (if any):

ARTICLE 8 Distribution of Assets in the Event of Dissolution or Liquidation

Provide the basis of distribution of assets in the event of dissolution or liquidation:

ARTICLE 9 Initial Directors of the Cooperative

Supply the names and addresses of the initial directors of the cooperative (must be at least 3). *Attach an additional sheet if necessary.*

| Legal Name | Title | Mailing Address |
|------------|-------|-----------------|
| | | |
| | | |
| | | |

ARTICLE 10 Incorporators of the Cooperative

Supply the names and addresses of the incorporators of the cooperative (must be at least 1). *Attach an additional sheet if necessary.*

| Legal Name | Title | Mailing Address |
|------------|-------|-----------------|
| | | |
| | | |
| | | |

SIGNATURES

The printed name and signature of the incorporators, who are natural persons that are at least 19 years of age or older. *Attach an additional sheet if necessary.*

NOTE: Pursuant to AS 10.06.825, 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 of Incorporator | Signature of Incorporator | Date Signed |
|------------------------------|---------------------------|-------------|
| | | |
| | | |
| | | |



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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.

PART I Entity Information

Enter your entity information as it appears on this filing.

Entity Name:

Alaska Entity Number:

PART II Contact Information

Whom may we contact with any questions or problems with this filing?

Company:

Contact Person:

Mailing Address:

P.O. Box or Street

City

State

Zip

Email Address:

Phone Number:

PART III Document Return Address

- Return my filings to the address provided ABOVE.
- Return my filings to this address provided BELOW:

Company:

Contact Person:

Mailing Address:

P.O. Box or Street

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: | | | |
| Profession Type (e.g., Acupuncture): | | License Number (if applicable): | |
| I wish to make payment by credit card for the following (check all that apply): | | | AMOUNT |
| <input type="checkbox"/> | Application Fee: | | |
| <input type="checkbox"/> | License or Renewal Fee: | | |
| <input type="checkbox"/> | Other (fine, exam, etc.): | | |
| 1. | | | |
| 2. | | | |
| | | | TOTAL: |

| | | | |
|----------------------------------|--|-------------------|--|
| Name (as shown on credit card): | | | |
| Mailing Address: | | | |
| Phone Number: | | Email (Optional): | |
| Signature of Credit Card Holder: | | | |

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

| | | |
|------------------------|--|---|
| 1. Credit Card Number: | | All 3 fields MUST be completed. This section will be destroyed after the payment is processed. |
| 2. Expiration Date: | | |
| 3. Security Code: | | |