



**MINNESOTA SECRETARY OF STATE  
MINNESOTA NONPROFIT CORPORATION  
ARTICLES OF INCORPORATION  
Minnesota Statutes, Chapter 317A  
Filing Fee \$70.00**

**READ THE INSTRUCTIONS BEFORE COMPLETING THIS FORM.**

**A nonprofit corporation that wishes to apply for tax exempt status under 501(c)(3) to the Internal Revenue Service (IRS) cannot use this form for its articles due to the fact that the IRS has additional language requirements. See the instructions for further information.**

**The undersigned incorporator(s) is an (are) individual(s) 18 years of age or older, and adopts the following articles of incorporation:**

**ARTICLE I –NAME**

**Name of Corporation: (Required)**

**ARTICLE II – REGISTERED OFFICE AND AGENT**

**The Registered Office Address of the Corporation is: (Required)**

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Street Address <i>(A PO Box by itself is not acceptable)</i>	City	State	Zip
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**The Registered Agent at the above address is:**

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Agent's Name *(A registered agent is not required.)*

**ARTICLE III – INCORPORATORS**

I (We), the undersigned incorporator(s) certify that I am (we are) authorized to sign these articles and that the information in these articles is true and correct. I (We) also understand that if any of this information is intentionally or knowingly misstated that criminal penalties will apply as if I (we) had signed these articles under oath. (Provide the name and address of each incorporator. Each incorporator must sign below. List the incorporators on an additional sheet if you have more than two incorporators.)

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<b>Incorporator's Name</b>	<b>Street</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Signature</b>
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<b>Incorporator's Name</b>	<b>Street</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Signature</b>
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<b>Incorporator's Name</b>	<b>Street</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Signature</b>
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**List a name, daytime phone number, and e-mail address of a person who can be contacted about this form.**

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Contact Name	Phone	Number	E-Mail	Address
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## INSTRUCTIONS

**Retain the original signed copy of this document for your records and submit a legible photocopy for filing with the Secretary of State.**

**NOTE:** This form is intended merely as a guide in the formation of a Minnesota nonprofit corporation. It is not intended to cover all situations. If this form does not meet the specific needs and requirements of the corporation, the incorporators should draft their own articles.

**A nonprofit corporation that wishes to apply for tax exempt status 501(c)(3) to the Internal Revenue Service (IRS), should not use this form for its articles due to the fact that the IRS has additional language requirements . Additional information on the language requirements can be obtained from IRS publication 557 at <http://www.irs.gov/charities> or by calling 1-800-829-1040. A sample set of articles of incorporation for a charitable organization with this required language is available in PDF format from the Minnesota Council of Nonprofits (MCN) at <http://www.mcn.org/info/samplearticles.pdf>. After combining the IRS language with the requirements on the front of this form (such as by using the MCN sample form), submit the articles for filing to this office. Once the articles have been filed and returned to you, your organization's application for tax exempt status can be sent to the IRS. You may wish to consult with an accountant or attorney to verify if your organization needs to file additional information with the IRS for tax exempt status.**

**ARTICLE I – Name: (Required)** State the exact corporate name. A preliminary name availability search may be done by accessing our Website at [www.sos.state.mn.us](http://www.sos.state.mn.us), or by calling our Business Information Line between 9:00am and 4:00pm, Monday through Friday at (651) 296-2803 or toll free 1-877-551-6SOS (6767).

**ARTICLE II – Registered Office and Agent: (Required)** The Registered Office address is required. List the complete street address or rural route and rural route box number for the registered office address. Post office box numbers are NOT acceptable. This MUST be a Minnesota address. If you have a registered agent, list the full name of the agent located at the registered office address.

**ARTICLE III – Incorporators: (Required)** Only one incorporator is required. If there is more than one incorporator, state the name and complete address for each incorporator. A signature is required for each incorporator, or by an authorized agent (The signing party must indicate on the document that they are acting as the agent of the person(s) whose signature would be required and that they have been authorized to sign on behalf of that person(s). List the incorporators on an additional sheet if there are more than two incorporators.

**Filing Fee: \$70.00 Payable to the MN Secretary of State**

### **FILE IN-PERSON OR MAIL TO:**

Minnesota Secretary of State - Business Services  
Retirement Systems of Minnesota Building  
60 Empire Drive, Suite 100  
St Paul, MN 55103

(Staffed 8:00 - 4:00, Monday - Friday, excluding holidays)

To obtain a copy of a form you can go to our web site at [www.sos.state.mn.us](http://www.sos.state.mn.us) , or contact us between 9:00am to 4:00pm, Monday through Friday at (651) 296-2803 or toll free 1-877-551-6SOS (6767).

All of the information on this form is public. Minnesota law requires certain information to be provided for this type of filing. If that information is not included, your document may be returned unfiled. This document can be made available in alternative formats, such as large print, Braille or audio tape, by calling (651)296-2803/voice. For a TTY/TTD (deaf and hard of hearing) communication, contact the Minnesota Relay Service at 1-800-627-3529 and ask them to place a call to (651)296-2803. The Secretary of State's Office does not discriminate on the basis of race, creed, color, sex, sexual orientation, national origin, age, marital status, disability, religion, reliance on public assistance or political opinions or affiliations in employment or the provision of service.