CHARITABLE ORGANIZATION REGISTRATION PROCESS

Step 1: File Articles of Incorporation

Arkansas Secretary of State Business and Commercial Services 1401 West Capitol Avenue, Ste. 250 Victory Building Little Rock, AR 72201 501-682-3409 TOLL FREE 888-233-0325

Step 2: Apply for exempt status

(Must have articles filed to complete Step 2) Internal Revenue Service TE/GE Division, Customer Service P.O. Box 2508 Cincinnati, OH 45201 877-829-5500

Step 3: Register for solicitation purposes (annual renewal)

(Must have IRS Tax Determination letter for Step 3)
Arkansas Secretary of State
Attn: Charities
1401 West Capitol Avenue, Ste. 250
Victory Building
Little Rock, AR 72201
501-683-0094
charities@sos.arkansas.gov



Arkansas Secretary of State

John Thurston

1401 W. Capitol, Suite 250, Little Rock, AR 72201 501-682-3409 • www.sos.arkansas.gov

ARTICLES OF INCORPORATION – DOMESTIC NONPROFIT

(PLEASE TYPE OR PRINT CLEARLY IN INK)

We, the undersigned, acting as incorporators of a corporation under the Act 1147 of 1993 and Arkansas Code Annotated § 4-33-202, adopt the following Articles of Incorporation of such corporation.

1.	The name of the corporation:				
2.	This corporation is: (check one of the f Public – Benefit Corporation M		efit Corporation	Religious Corporation	
3.	Will this corporation have members?	Yes	No		
4.	How will the assets be distributed upon dissolution? (Use additional pages if necessary) :				
5.	Corporation's initial registered agent: _	Name		Street Address	
	Street Address Line 2			City, State Zip	
6.	Incorporator information: (Use additional pages if necessary)				
	Name		Signature		Date
	Address		City, State Zip		
	Name		Signature		Date
	Address		City, State Zip		
	Name		Signature		Date
	Address		City, State Zip		

Optional: You may attach any of the following if applicable to this corporation.

- The names and addresses of the initial directors
- Power of the Corporation
- The purpose for which the corporation is organized
- Other provisions as deemed necessary



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Annual Report – Contact Information

Nonprofit Corporation PLEASE TYPE OR PRINT CLEARLY IN INK

JURISDICTION (SELECT ONE)

Domestic Foreign

In order for this antity to receive its applied reporting form, places complete and file with the Office of the Cogretory of

State at the time of filing.	orm, please complete and life with the Office of the Secretary of
Entity name as used in Arkansas	Contact Person
Street Address or Post Office Box Number	City, State Zip
Telephone Number	 E-mail Address
NOTE: Annual Reports will be due on or before Augu	ust 1 st the year following filing or qualification in this state.
I understand that knowingly signing a false document C misdemeanor and is punishable by a fine up to \$10	t with the intent to file with the Arkansas Secretary of State is a Class 00.00 and/or imprisonment up to 30 days.
Executed this day of,	.
Signature	Authorized Officer (Type or Print)