

STATE OF ALABAMA

**DOMESTIC NONPROFIT CORPORATION
CERTIFICATE OF FORMATION**

PURPOSE: In order to form a Nonprofit Corporation under Section 10A-1-3.05 and 10A-3-3.02 of the Code of Alabama 1975 this Certificate Of Formation and the appropriate filing fees must be filed with the Office of the Secretary of State. **The information required in this form is required by Title 10A.**

INSTRUCTIONS: Mail one (1) signed original and one (1) copy of this completed form along with a self-addressed, stamped envelope with the filing fee of \$200.00 (credit card, check, or money order) to the **Secretary of State, Business Services, P.O. Box 5616, Montgomery, Alabama 36103-5616**. The Secretary of State shall pay the sum of \$100.00 to the county treasurer for the county in which the office of the initial registered agent for that entity is located. The Certificate will not be registered if the credit/debit card does not authorize and will be removed from the index if the check is dishonored (\$30 fee).

This form must be typed.

1. The name of the corporation: _____

2. **A copy of the Name Reservation certificate from the Office of the Secretary of State must be attached.**

3. This nonprofit corporation (MUST check one):

___ has Members **or** ___ has no Members

4. Street (**No PO Boxes**) address of principal office of the corporation: _____

Mailing address of principal office (if different from street address): _____

5. The name of the Registered Agent (only one agent): _____

Street (**No PO Boxes**) address of Registered Office (**must be located in Alabama**): _____

*COUNTY of above address: _____

Mailing address **in Alabama** of Registered Office (if different from street address): _____

(For SOS Office Use Only)

This form was prepared by: (type name and full address)

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6. Purpose for which corporation is formed: _____
_____;

the purpose includes the transaction of any lawful business for which nonprofit corporations may be incorporated in Alabama under Title 10A, Chapter 3 of the Code of Alabama.

7. Period of duration shall be perpetual unless stated otherwise by an attached exhibit.

8. The name(s) of the Incorporator(s): _____

Street (**No PO Boxes**) address of Incorporator(s): _____

Mailing address of Incorporator(s) – (if different from street address): _____

Attach a listing if more Incorporators need to be added (type “see attached” in the name line).

9. The number of Directors constituting the initial Board of Directors is _____.
The initial Directors names and addresses must be listed in this Certificate of Formation.

Director’s Name: _____

Street (**No PO Boxes**) address of Director: _____

Mailing address of Director(s) - (if different from street address): _____

Director’s Name: _____

Street (**No PO Boxes**) address of Director: _____

Mailing address of Director(s) - (if different from street address): _____

Director’s Name: _____

Street (**No PO Boxes**) address of Director: _____

Mailing address of Director(s) - (if different from street address): _____

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Attach listing if more Directors need to be added (type “see attached” in the name line for the first Director on this form).

10. Unless an attachment to this Certificate of Formation provides that a change in the number of directors shall be made only by amendment to the Certificate of Formation, a change in the number of directors made by amendment to the bylaws shall be controlling. In all other cases, whenever a provision of the Certificate of Formation is inconsistent with a bylaw, the provision of the Certificate of Formation shall be controlling.

___ Attached are any other provisions that are not inconsistent with law relating to organization, ownership, governance, business, or regulation of the internal affairs of the nonprofit corporation, including any provisions for distribution of assets on dissolution or final liquidation.

*County of Registered Agent is requested in order to determine distribution of County filing fees

Date (MM/DD/YYYY)

Signature as required by 10A-1-3.04

Typed Name of Above Signature

Typed Title/Capacity to Sign under 10A-1-3.04

Secretary of State Credit Card or Prepaid Payment Option/Return/Hold Sheet: If you do not send an acknowledgement copy and a pre-addressed postage paid envelope with the filing you will not receive a receipt from the Secretary of State's Office. Hold for pickup request will have the receipt attached. The document of record will be stamped showing the receipt of the filing fee but will not show convenience fees (generally these fees are between 2% and 5% of the total charge).

Information MUST be typed or filing will be returned without review.

Entity Name: _____

Service Requested: \$200.00 Formation filing fee

Hold at Front Desk for Pick-up by: _____

There is no notification service/call for pick-up. (Service providers who run couriers for pick-up)

Choose one of the following:

_____ Check/money order is attached-Please make one check payable for each filing to the Alabama Secretary of State. Do not use one check for multiple filings.

_____ Charge fees to prepaid account: Account Number _____

and Account Name _____

Typed Name & Signature of Authorized Individual on Account

_____ Credit Card Type: _____ (Visa, MC, Discover & AmEx)

Card Number: _____ Expiration Mo/Yr.: ____/____ (MM/YY)

Card Holder Name: _____

Complete Billing Address: _____

Street or PO

City

State

Zip

Signature of Card Holder: _____

MUST be Signature of Card Holder