

DOMESTIC
BUSINESS CORPORATION

STATE OF MAINE

ARTICLES OF INCORPORATION

<p>_____</p> <p>Deputy Secretary of State</p> <hr/> <p>A True Copy When Attested By Signature</p> <hr/> <p>_____</p> <p>Deputy Secretary of State</p>
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Pursuant to [13-C MRSA §202](#) and/or [§1803](#), the undersigned executes and delivers the following Articles of Incorporation:

FIRST: The name of the corporation is _____.

SECOND: ("X" only if applicable)

This is a professional corporation**formed pursuant to [13 MRSA Chapter 22-A](#) to provide the following professional services:

(type of professional services)

THIRD: ("X" only if applicable)

This is a benefit corporation formed pursuant to [13-C MRSA §1803](#). This election has been adopted by at least the minimum status vote as defined in [13-C MRSA§1802.7](#).

FOURTH: The Clerk is a: (select **either** a Commercial or Noncommercial Clerk – Person **must** be a Maine resident)

Commercial Clerk CRA Public Number: _____

(name of commercial clerk)

Noncommercial Clerk

(name of noncommercial clerk)

(physical location, not P.O. Box – street, city, state and zip code)

(mailing address if different from above)

FIFTH: Pursuant to [5 MRSA §108.3](#), the clerk as listed above has consented to serve as the clerk for this corporation.

SIXTH: ("X" one box only)

There shall be only one class of shares. The number of authorized shares is _____.

(Optional) Name of class: _____

There shall be two or more classes or series of shares. The information required by [13-C MRSA §601](#) concerning each such class and series is set forth in Exhibit ____ attached hereto and made a part hereof.

SEVENTH: ("X" one box only)

The corporation will have a board of directors.

There will be no directors; the business of the Corporation will be managed by shareholders. ([13-C MRSA §743](#))

EIGHTH: (For corporations with directors, each of the following provisions is optional – "X" only if applicable)

The number of directors is limited as follows: not fewer than ____ nor more than ____ directors. ([13-C MRSA §803](#))

To the fullest extent permitted by [13-C MRSA §202.2.D](#), a director shall have no liability to the Corporation or its shareholders for money damages for an action taken or a failure to take an action as a director.

Except as otherwise specified by contract or in its bylaws, the Corporation shall in all cases provide indemnification (including advances of expenses) to its directors and officers to the fullest extent permitted by law. ([13-C MRSA §§202, 857 and 859](#))

NINTH: ("X" only if applicable)

The Corporation elects to have preemptive rights as defined in [13-C MRSA §641](#).

TENTH: ("X" only if applicable)

Additional provisions of these Articles of Incorporation are set forth in Exhibit ____ attached hereto and made a part hereof. ([13-C MRSA §202](#) and [13-C MRSA §1811](#))

ELEVENTH: Name and address of additional Incorporators is set forth on Exhibit ____ attached hereto.

Dated _____

***By** _____

(original written signature)

(type or print name of incorporator)

****The professional corporation name must contain one of the following:** "chartered," "professional corporation," "professional association" or "service corporation" or the abbreviation "P.C.," "P.A." or "S.C.". **Examples** of professional service corporations are accountants, attorneys, chiropractors, dentists, registered nurses and veterinarians. (This is not an inclusive list – see [13 MRSA §723.7](#).)

*These articles must be dated and executed pursuant to [13-C MRSA §121.5](#). by an incorporator.

Please remit your payment made payable to the Maine Secretary of State.

Submit completed form to: **Secretary of State**
Division of Corporations, UCC and Commissions
101 State House Station, Augusta, ME 04333-0101
Telephone Inquiries: (207) 624-7752 Email Inquiries: CEC.Corporations@Maine.gov

Filer Contact Cover Letter

To: Department of the Secretary of State
Division of Corporations, UCC and Commissions
101 State House Station
Augusta, ME 04333-0101

Tel. (207) 624-7752

Name of Entity (s):

List type of filing(s) enclosed (i.e. Articles of Incorporation, Articles of Merger, Articles of Amendment, Certificate of Correction, etc.) Attach additional pages as needed.

Special handling request(s): (check all that apply)

- Hold for pick up
- Expedited filing - 24 hour service (\$50 additional filing fee per entity, per service)
- Expedited filing - Immediate service (\$100 additional filing fee per entity, per service)

Total filing fee(s) enclosed: \$ _____

Contact Information – questions regarding the above filing(s), please call or email: (failure to provide a contact name and telephone number or email address will result in the return of the erroneous filing (s) by the Secretary of State's office)

(Name of contact person) _____
(Daytime telephone number)

(Email address)

The enclosed filing(s) and fee(s) are submitted for filing. Please return the attested copy to the following address:

(Name of attested recipient)

(Firm or Company)

(Mailing Address)

(City, State & Zip)