

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

ARTICLES OF INCORPORATION DOMESTIC NONPROFIT CORPORATION

Please Type or Print Clearly in Ink

Please submit one **Original** and one **Photocopy**

FILING FEE: \$30 payable to SECRETARY OF STATE

| |
|-------------------|
| Telephone # _____ |
| FAX # _____ |

Article I

The name of the corporation is _____

Article II

The period of existence is: _____

Article III

The purpose for which the corporation is organized.

Article IV

Check one:

- The corporation will have members.
- The corporation will not have members.

Article IX

Three or more directors are required by law. The number of directors constituting the initial board of directors: _____

| | | | | |
|----------|----------------|------|-------|-------|
| Director | Street Address | City | State | ZIP+4 |
| Director | Street Address | City | State | ZIP+4 |
| Director | Street Address | City | State | ZIP+4 |
| Director | Street Address | City | State | ZIP+4 |

Article X

Incorporators: Three or more incorporators are required by law.

| | | | | |
|--------------|----------------|------|-------|-------|
| Incorporator | Street Address | City | State | ZIP+4 |
| Incorporator | Street Address | City | State | ZIP+4 |
| Incorporator | Street Address | City | State | ZIP+4 |
| Incorporator | Street Address | City | State | ZIP+4 |
| Incorporator | Street Address | City | State | ZIP+4 |

This document must be signed by all incorporators in front of a notary public

Dated _____

(Signature of an incorporator)

(Printed Name)

Dated _____

(Signature of an incorporator)

(Printed Name)

Dated _____

(Signature of an incorporator)

(Printed Name)

Dated _____

(Signature of an incorporator)

(Printed Name)

Dated _____

(Signature of an incorporator)

(Printed Name)

STATE OF _____

COUNTY OF _____

On this the _____ day of _____, 20 ____ before me personally appeared

_____ known to me or satisfactorily proven to be the

person(s) who are described in, and who executed the within instrument and acknowledged to me that she/he/they executed the same.

My Commission Expires

Notary Public

Notarial Seal