

Nonprofit Corporation Instructions



Wyoming Secretary of State

Herschler Building East, Suite 101 ♦ 122 W 25th Street ♦ Cheyenne, WY 82002-0020

307.777.7311 ♦ Business@wyo.gov

Before Filing Please Note

- ☐ **Filing fee of \$50.00.** Visa or MasterCard payment available for online filings only. **To file online, visit: <https://wyobiz.wyo.gov>.** Make check or money order payable to Wyoming Secretary of State for paper filings.
- ☐ Under the circumstances specified in W.S. 17-28-104(e), **an email address is required.**
- ☐ If you need an EIN or are applying for 501(c)(3) status with the Internal Revenue Service, you may need specific language in your articles. For more information you can contact the Internal Revenue Service or refer their web page: <http://www.irs.gov/Charities-&-Non-Profits/Employer-Identification-Number>
- ☐ **Annual reports are due every year** on the first day of the anniversary month of formation. If not paid within 60 days of the due date the entity will be subject to dissolution.
- ☐ Please review the form prior to submission. **The Secretary of State's Office is unable to process incomplete forms.**



You're Ready to Mail in Your Documents!

- ♦ **Processing time is up to 15 business days** following the date of receipt in our office.
- ♦ Wyoming statutes do not allow for expedited filing at this time. Your filing will be processed in the order it is received.
- ♦ You can visit our website at <http://wyobiz.wyo.gov> to see what day is currently being processed.

Additional Contact Information

- ♦ **Department of Revenue** (Sales and Use Tax Information)
 - Ph. 307.777.5200 OR <https://revenue.state.wy.us/>
- ♦ **Department of Workforce Services** (Workers' Compensation or Unemployment Insurance)
 - Ph. 307.777.8650 OR <http://www.wyomingworkforce.org/>
- ♦ **Internal Revenue Service** (Tax ID Information)
 - <https://www.irs.gov/Filing>



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For Office Use Only

Nonprofit Corporation Articles of Incorporation

1. Corporation name:

2. This corporation is a: (Check **one** appropriate category. You may refer to W.S. 17-19-1804 for definitions of these terms.)

Religious

Public Benefit

Mutual Benefit

3. Name and physical address of its registered agent:

*(The registered agent may be an individual resident in Wyoming or a domestic or foreign business entity authorized to transact business in Wyoming. **The registered agent must have a physical address in Wyoming.** If the registered office includes a suite number, it must be included in the registered office address. A Drop Box is not acceptable. A PO Box is acceptable if listed **in addition to a physical address.**)*

Name:

Address:

*(If mail is received at a Post Office Box, please list above **in addition to the physical address.**)*

4. Mailing address of the nonprofit corporation:

5. Principal office address:

6. This corporation will have **OR** will not have members.

(The term "members" has a specific legal meaning which is that members elect, in a formal meeting, the board of directors. If your corporation has a board of directors which elects itself, then you do not have members. Members are not donors or volunteers.)

7. Provisions regarding the distribution of assets upon dissolution are:

(How will the assets be distributed if the nonprofit corporation is dissolved?)

8. The type of business the nonprofit corporation will be conducting:

9. Name and address of each incorporator:

Name: Address:

10. Certification. *(Please check the box to complete the required certification.)*

I consent on behalf of the business entity to accept electronic service of process at the required email address provided on the form under the circumstances specified in W.S. 17-28-104(e).

11. Execution *(all incorporators must sign)*:

Signature: _____

Date:

(mm/dd/yyyy)

Print Name:

Signature: _____

Date:

(mm/dd/yyyy)

Print Name:

Signature: _____

Date:

(mm/dd/yyyy)

Print Name:

Signature: _____

Date:

(mm/dd/yyyy)

Print Name:

Signature: _____

Date:

(mm/dd/yyyy)

Print Name:

Signature: _____

Date:

(mm/dd/yyyy)

Print Name:

Contact Person:

Daytime Phone Number:

Email:

(An email address is required. Email(s) provided will receive important reminders, notices and filing evidence.)



Consent to Appointment by Registered Agent

I, _____, registered office located at
(name of registered agent)

voluntarily consent to serve

*(registered office physical address, city, state, & zip)

as the registered agent for
(name of business entity)

I hereby certify that I am in compliance with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

Signature: _____
(Shall be executed by the registered agent.)

Date: _____
(mm/dd/yyyy)

Print Name:

Daytime Phone:

Title:

Email:

(An email address is required. Email(s) provided will receive important reminders, notices and filing evidence.)

Registered Agent Mailing Address
(if different than above):

IMPORTANT: If you are an existing registered agent and your existing address on record does not match what is provided on this form, a **Registered Agent Information Update** form is also required.