DOMESTIC NONPROFIT CORPORATION INDEPENDENT LOCAL CHURCH

STATE OF MAINE

CERTIFICATE OF ORGANIZATION

\$5.00 Filing Fee	
D	eputy Secretary of State
A True Copy When Attested By Signature	
	country Cooperatory of State
D	eputy Secretary of State

Pursuant to 13 MRSA §3021, the undersigned corporation executes and delivers for filing the following Certificate of Organization: **FIRST:** The name of the church is **SECOND:** The corporation is an independent local church located in , Maine. THIRD: The number of trustees is _____ and their names are _____ Name and signature of the Officers and Trustees Address Dated _____ (Clerk) (type or print name) (city, state and zip code) Street (Treasurer) (type or print name) (city, state and zip code)

Name and Signature of Officers and Trustees (cont.)	Address	
(Trustee)	Street	
(type or print name)	(city, state and zip code)	
(Trustee)	Street	
(type or print name)	(city, state and zip code)	
(Trustee)	Street	
(type or print name)	(city, state and zip code)	
(Trustee)	Street	
(type or print name)	(city, state and zip code)	
(Trustee)	Street	
(type or print name)	(city, state and zip code)	

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

Customer Contact Cover Letter

Name of entity(s) on the submitted filings:		
Optional special handling request(s): (check on	aly if applicable)	
Hold attested copy for pick up (will b	be required to pick up at our office in Augusta, Maine)	
24-hour expedited filing (next busine	ess day) service: \$50 additional filing fee per entity	
Immediate expedited filing (same bus	siness day): \$100 additional filing fee per entity	
NOTE: Only one expedite fee is required if filing	multiple documents for the same entity/charter number at the same time	
Payment can be made by check or money order obtain a credit card voucher at https://www.maine	er (payable to Maine Secretary of State) or by credit card. You may e.gov/sos/cec/forms/credit.pdf.	
Total fee(s)) enclosed: \$	
(Name of contact person)	(Daytime telephone number)	
(Contact email address for <u>this</u> filing)	(Email address to use for annual report reminders)	
Name and address of person to return the atteste	ed copy of the completed filing:	
(Nan	ne of attested copy recipient)	
	(Firm or Company)	
	(Mailing Address)	
	(City, State & Zip)	

NOTE: Failure to provide a contact name and telephone number or email address will result in any erroneous filing(s) being returned to the filer by the Secretary of State's office.

For questions regarding the above filing(s), please call or email our office at (207) 624-7752 or cec.corporations@maine.gov

Submit filings to:

Mailing Address if using US Postal Service Department of the Secretary of State Corporations, UCC and Commissions 101 State House Station Augusta, ME 04333-0101

Mailing Address if using FedEx/UPS
Department of the Secretary of State
Corporations, UCC and Commissions
111 Sewall Street, 4th Floor
Augusta, ME 04330