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Articles of Incorporation for a Nonprofit Corporation

filed pursuant to §7-90-301, et seq. and §7-122-101 of the Colorado Revised Statutes (C.R.S)

1. Entity name: Name of church
(The name of a nonprofit corporation may, but need not, contain the term or abbreviation "corporation", "incorporated", "company", "limited", "corp.", "inc.", "co." or "ltd." §7-90-601, C.R.S.)

2. Use of Restricted Words *(if any of these terms are contained in an entity name, true name of an entity, trade name or trademark stated in this document, mark the applicable box):*

"bank" or "trust" or any derivative thereof
 "credit union" "savings and loan"
 "insurance", "casualty", "mutual", or "surety"

3. Principal office street address: Address of Church
(Street name and number)

City of Church CO Zip
(City) *(State)* *(Postal/Zip Code)*

United States
(Province - if applicable) *(Country - if not US)*

4. Principal office mailing address: (if different from above)
(Street name and number or Post Office Box information)

City State Postal/Zip Code
(City) *(State)* *(Postal/Zip Code)*

Province - if applicable Country - if not US
(Province - if applicable) *(Country - if not US)*

5. Registered agent: (if an individual): Secretary Treasurer's Name
(Last) *(First)* *(Middle)* *(Suffix)*

OR (if a business organization): _____

6. The person appointed as registered agent in the document has consented to being so appointed.

7. Registered agent street address: 6295 Lehman Dr.
(Street name and number)

Suite 202

Colorado Springs CO 80918
(City) *(State)* *(Postal/Zip Code)*

8. Registered agent mailing address: (if different from above)
(Street name and number or Post Office Box information)

 (City) (State) (Postal/Zip Code)

 (Province – if applicable) (Country – if not US)

9. If the corporation's period of duration is less than perpetual, state the date on which the period of duration expires:

 (mm/dd/yyyy)

10. (Optional) Delayed effective date:

 (mm/dd/yyyy)

11. Name(s) and address(es) of incorporator(s): (if an individual)

Superintendent's Name

 (Last) (First) (Middle) (Suffix)

OR (if a business organization)

6295 Lehman Dr.

 Suite 202 (Street name and number or Post Office Box information)

 Colorado Springs CO 80918

 (City) (State) (Postal/Zip Code)

 United States

 (Province – if applicable) (Country – if not US)

(if an individual)

Secretary Treasurer's Name

 (Last) (First) (Middle) (Suffix)

OR (if a business organization)

6295 Lehman Dr.

 Suite 202 (Street name and number or Post Office Box information)

 Colorado Springs CO 80918

 (City) (State) (Postal/Zip Code)

 United States

 (Province – if applicable) (Country – if not US)

(if an individual)

Your Name

 (Last) (First) (Middle) (Suffix)

OR (if a business organization)

Your Address

 (Street name and number or Post Office Box information)

 Your City CO Zip

 (City) (State) (Postal/Zip Code)

 United States

 (Province – if applicable) (Country – if not US)

(If more than three incorporators, mark this box and include an attachment stating the names and addresses of all incorporators.)

12. The nonprofit corporation is formed under the Colorado Revised Nonprofit Corporation Act.
13. The corporation will **OR** will not have voting members.
14. A description of the distribution of assets upon dissolution is attached.
15. Additional information may be included pursuant to §7-122-102, C.R.S. and other organic statutes. If applicable, mark this box and include an attachment stating the additional information.

Notice:

Causing this document to be delivered to the secretary of state for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the secretary of state, whether or not such individual is named in the document as one who has caused it to be delivered.

16. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing:

Secretary	Treasurer's	Name	
<small>(Last)</small>	<small>(First)</small>	<small>(Middle)</small>	<small>(Suffix)</small>
6295 Lehman Dr.			
<small>(Street name and number or Post Office Box information)</small>			
Suite 202			
Colorado Springs		CO	80918
<small>(City)</small>	<small>(State)</small>	<small>(Postal/Zip Code)</small>	
United States			
<small>(Province – if applicable)</small>		<small>(Country – if not US)</small>	

(The document need not state the true name and address of more than one individual. However, if you wish to state the name and address of any additional individuals causing the document to be delivered for filing, mark this box and include an attachment stating the name and address of such individuals.)

Disclaimer:

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**DISSOLUTION CLAUSE FOR
ARTICLES OF INCORPORATION FOR**

Name of Church

**A NEW CHURCH WITH
THE ROCKY MOUNTAIN DISTRICT COUNCIL
OF THE ASSEMBLIES OF GOD**

Upon dissolution, all assets shall revert to and be vested in The Rocky Mountain District Council of the Assemblies of God, Inc., 6295 Lehman Dr., Suite 202, Colorado Springs, CO 80918-8434.

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