



This Box For Office Use Only

Foreign Nonprofit Corporation

See attached detailed instructions

- Filing Fee \$30.00
- Filing Fee with Expedited Service \$80.00

UBI Number: _____

CERTIFICATE OF AUTHORITY

Chapter 24.03 RCW

SECTION 1

NAME OF CORPORATION: *(As recorded in the state/country of formation, see instructions page)*

NAME TO BE USED IN WASHINGTON STATE: *(If different than above, you may need to attach a fictitious name resolution; see instructions. Name **MAY NOT** contain any of the following designations or abbreviations of: Corporation, Company, Incorporated, Limited, Limited Partnership, Limited Liability Company, or Limited Liability Partnership. If one of the prohibited designations is used, it will be removed when processed.)*

SECTION 2

STATE OR COUNTRY WHERE ORIGINALLY INCORPORATED: _____

DATE OF ORIGINAL INCORPORATION: _____

(Certificate of Existence or similar import (not more than 60 days old) from original state must be attached)

SECTION 3

EFFECTIVE DATE OF CERTIFICATE: *(Please check one of the following)*

- Upon filing by the Secretary of State
- Specific Date: _____ *(Specified effective date must be within 30 days AFTER the Certificate of Authority has been filed by the Office of the Secretary of State)*

SECTION 4

TENURE: *(Please check one of the following and indicate the date if applicable)*

- Perpetual existence
- Specific term of existence _____ *(Number of years or date of termination)*

(Continued on Page 2)

SECTION 5

ADDRESS OF THE PRINCIPAL PLACE OF BUSINESS:

Street Address _____ City _____ State/Country _____ Zip _____

PO Box _____ City _____ State/Country _____ Zip _____

SECTION 6

NAME AND ADDRESS OF THE WASHINGTON STATE REGISTERED AGENT:

Name: _____

Physical Location Address (required):

City _____ WA Zip Code _____

Mailing or Postal Address (optional):

City _____ WA Zip Code _____

CONSENT TO SERVE AS REGISTERED AGENT:

I consent to serve as Registered Agent in the State of Washington for the above named corporation. I understand it will be my responsibility to accept Service of Process on behalf of the corporation; to forward mail to the corporation; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

X _____

Signature of Registered Agent	Printed Name	Date
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SECTION 7

PURPOSE FOR WHICH THE NONPROFIT IS ORGANIZED: *(if necessary, attach additional information)*

Important note: If your nonprofit organization is currently fundraising, or plans to fundraise from the public, it may also be required to register with the Charities Program of the Secretary of State. Registration with the Charities Program is separate from, and in addition to, filings required under corporate law. Please visit the Charities Program website at <http://www.sos.wa.gov/charities/> to review the registration requirements and forms for Charitable Organizations.

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SECTION 8

NAME AND ADDRESS OF ALL CURRENT OFFICERS AND DIRECTORS:

(If necessary, attach additional names and addresses)

PRESIDENT: _____

Address: _____

City _____ State _____ Zip Code _____

VICE PRESIDENT: _____

Address: _____

City _____ State _____ Zip Code _____

SECRETARY: _____

Address: _____

City _____ State _____ Zip Code _____

TREASURER: _____

Address: _____

City _____ State _____ Zip Code _____

DIRECTOR: _____

Address: _____

City _____ State _____ Zip Code _____

(If necessary, attach additional names, titles and addresses)

SECTION 9

SIGNATURE OF OFFICER:

This document is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.

X _____

Signature of Officer

Printed Name/Title

Date

Phone Number

Notice: The Washington Secretary of State will be appointed the agent of the foreign nonprofit corporation for service of process under the circumstances set forth in RCW 24.03.350

INSTRUCTIONS – FOREIGN NONPROFIT CERTIFICATE OF AUTHORITY

Please complete all sections of the Certificate of Authority. **USE DARK INK ONLY.** For an electronic, fillable version of this form, please visit our website at www.sos.wa.gov/corps

UBI number: please enter the UBI number (if applicable) in the space provided.

Section 1:

Enter the name of the nonprofit corporation. In accordance with Chapter 24.03 RCW a nonprofit corporation **may not** contain any of the following designations or abbreviations of: Corporation, Company, Incorporated, Limited, Limited Partnership, Limited Liability Company, or Limited Liability Partnership, but may use "club," "league," "association," "services," "committee," "fund," "society," "foundation," "a nonprofit corporation," or any name of like import.

IMPORTANT: if one of the prohibited designations is part of the corporation name as registered in the home state, then you will need to provide a 'NAME TO BE USED IN WASHINGTON' in Section 1. You may also be required to submit a resolution for a fictitious name as required by RCW23b.15.060(3)(b). It is advised that you contact the Secretary of State to check for name requirements and availability before filing at 360-725-0377.

Section 2:

Enter the state/country and the date of the original incorporation. You must attach a Certificate of Existence or similar import issued no longer than 60 days before the date of this application. For more information please see RCW 24.03

Section 3:

An effective date may be specified. The effective date can be up to 30 days AFTER the Certificate of Authority has been filed by the Office of the Secretary of State.

Section 4:

Please indicate whether the term of existence for nonprofit corporation is perpetual (*i.e. ongoing until dissolved*) or if it will have a specific term of existence, in which case indicate the number of years it will exist.

Section 5:

Enter the address of the nonprofit corporation's principal place of business where records are maintained.

Section 6:

All corporations must have a Registered Agent in Washington State. The Registered Agent may be an individual who is a resident of Washington State, or a business entity registered with the Secretary of State's office. The agent **must have** a physical address in Washington State where personal service of process may be made. An alternative mailing address may be used in addition to the physical address. The mailing address must also be in Washington State. **The Registered Agent must print their name and sign the consent to serve as Registered Agent.**

Section 7:

Indicate the purpose for which the nonprofit is being organized. You may attach additional information if needed. **Do not** attach or refer to the bylaws.

Section 8:

List the full name and address of each Director and Officer. If necessary you may attach a sheet with additional names and addresses. **Do not** include social security numbers, federal tax identification or other personal identifiers.

Section 9:

This certificate shall be executed by the corporation by one of its officers. Please provide the signature, printed name and title, date and phone number of the person signing.

Additional Information: You may attach any optional provisions to this certificate.

FEES: The filing fee for Nonprofit Certificate of Authority is \$30.00. If expedited service is requested, include an additional \$50.00 and write "EXPEDITE" on the outside of the envelope. Make the checks or money orders payable to "Secretary of State". **All payments must be received in US DOLLARS. All fees are non-refundable.**

Mail completed forms and payment to:

Secretary of State , Corporations Division
801 Capitol Way S, PO Box 40234
Olympia WA 98504-0234

If you have questions, need assistance, or would like to provide feedback please visit the Corporations Division website at www.sos.wa.gov/corps or call 360-725-0377.