

# Nonprofit Corporation Instructions



Wyoming Secretary of State ♦ 200 West 24<sup>th</sup> St ♦ Cheyenne, WY 82002 ♦ 307.777.7311 ♦ [Business@wyo.gov](mailto:Business@wyo.gov)

<http://soswy.state.wy.us>

## Before Filing Please Note

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- One **originally signed** filing must be submitted.
- Include the filing fee of \$25.00.** Make check or money order payable to Wyoming Secretary of State.
- The Articles must be in compliance with Wyoming Statutes 17-19-120 through W.S. 17-19-202.
- 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>
- The Articles of Incorporation form must be accompanied by an originally signed Consent to Appointment by Registered Agent form. If you have questions regarding registered agents please refer to Wyoming Statutes 17-28-101 through W.S. 17-28-111. The Wyoming Statutes can be accessed at <http://legisweb.state.wy.us/statutes/statutes.aspx?file=titles/Title17/T17CH28.htm>
- Please provide us with an e-mail address so we may provide you with an electronic certificate for evidence of your filing and a courtesy reminder when your annual report is due.
- Please review forms prior to submitting to the Secretary of State to ensure all areas have been completed and speed up the processing of your documents.*



You're Ready to Mail in Your Documents!

## Additional Information After Filing

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- ◆ Wyoming processes documents in 3-5 business days. Since there is such a timely turnaround Wyoming Statutes do not provide for expedited service. Please refer to W.S. 17-16-123 for effective time and date information.
- ◆ An annual report will be due every year on the first day of the anniversary month of formation. If not paid within sixty (60) days from the due date the entity will be subject to dissolution/revocation. For more information please refer to <http://soswy.state.wy.us/Forms/FormsFiling.aspx> where the annual report worksheet can be found under Business Forms.
- ◆ If you have questions about sales and use tax you can contact the Department of Revenue Ph. 307.777.5200 or refer to their web page: <https://revenue.state.wy.us/>
- ◆ If you believe you need a specific business license or permit you can contact the Wyoming Business Council Ph. 307.777.2843 or refer to their web page: <http://www.wyomingbusiness.org/program/business-permitting/2833>



**Wyoming Secretary of State**  
 State Capitol Building, Room 110  
 200 West 24<sup>th</sup> Street  
 Cheyenne, WY 82002-0020  
 Ph. 307.777.7311  
 Fax 307.777.5339  
 Email: Business@wyo.gov

For Office Use Only

## Nonprofit Corporation Articles of Incorporation

1. Corporation name:

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

3. Name and physical address of its registered agent:  
*(The registered agent may be an individual resident in Wyoming, a domestic or foreign entity authorized to transact business in Wyoming, having a business office identical with such registered office. **The registered agent must have a physical address in Wyoming.** A Post Office Box or Drop Box is not acceptable. If the registered office includes a suite number, it must be included in the registered office address.)*

4. Mailing address of the nonprofit corporation:

5. Principal office address:

6. Name and address of each incorporator:

7. This corporation \_\_\_\_\_ members *(indicate if it **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.)*

8. Provisions regarding the distribution of assets upon dissolution are:  
*(How will the assets be distributed, if the nonprofit corporation is dissolved?)*

9. For name availability purposes, list the type of business the nonprofit corporation will be conducting:

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

**Signature:** \_\_\_\_\_

Print Name:

**Date:**  
*(mm/dd/yyyy)*

**Signature:** \_\_\_\_\_

Print Name:

**Date:**  
*(mm/dd/yyyy)*

**Signature:** \_\_\_\_\_

Print Name:

**Date:**  
*(mm/dd/yyyy)*

Contact Person:

Daytime Phone Number:

Email:



## 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:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*(Shall be executed by the registered agent.)* *(mm/dd/yyyy)*

Print Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Registered Agent Mailing Address  
 (if different than above):

**\*If this is a new address, complete the following:**

Previous Registered Office(s):

I hereby certify that:

- After the changes are made, the street address of my registered office and business office will be identical.
- This change affects every entity served by me and I have notified each entity of the registered office change.
- I certify that the above information is correct and I am in compliance with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*(Shall be executed by the registered agent.)* *(mm/dd/yyyy)*

Checklist

Submit one **originally signed** consent to appointment and one exact photocopy.