

STATE OF MONTANA

ARTICLES OF INCORPORATION for
DOMESTIC RELIGIOUS CORPORATION SOLE
(35-3-202, MCA)



MAIL: LINDA McCULLOCH
Secretary of State
P.O. Box 202801
Helena, MT 59620-2801
PHONE: (406) 444-3665
FAX: (406) 444-3665
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Prepare, sign, and submit with the proper filing fee
This is the minimum information required
(This space for use by the Secretary of State only)

Required Filing Fee: \$20.00
 24 Priority Handling check box & Add \$20.00
 1 Hour Expedite Handling check box & Add \$100.00

- The name of the Religious Corporation Sole is: _____
- The period of its duration is: _____
- The name and address of the registered office/agent in Montana:
Appointment of the Registered Agent is confirmation of the agent's consent.
Name: _____
Street Address (required): _____
Mailing Address (if different from street address): _____
City: _____ State: **MT** Zip Code: _____
- The name of the religious denomination, society, or church creating the corporation sole: _____
- The name of the bishop, chief priest or presiding elder whose office is incorporated under this part together with a designation of the boundaries of the territory over which that person presides or over which that person's jurisdiction extends and the facts authorizing the incorporation: _____
- The manner in which any vacancy occurring in the incumbency of such bishop, chief priest or presiding elder as required by the rules or discipline of the religious denomination, society, or church, must be filled: _____
- The address of its principal office: _____
- The name and address of the incorporator: _____
- I HEREBY SWEAR AND AFFIRM**, under penalty of law, that the facts contained in this application are true and **attach the original or a copy of** the incorporator's commission, certificate, or letters of appointment as bishop, chief priest, or presiding elder, duly attested.

Signature of Incorporator

Date

10. **Notary Requirement. Please be sure to have this form properly notarized.**

State of: _____ County of: _____
Subscribed & sworn to before me on: _____ by _____
(Date) (Printed Name of incorporator who signed above)

Signature of Notary: _____

Printed name of notary: _____

Notary public for the state of: _____

Residing at: _____

Notary commission expires: _____

(Affix Notarial Seal/Stamp Above)

GENERAL INSTRUCTIONS

Please type or print clearly when filling out this form.

ALL INFORMATION PUBLIC

All information provided, including names and addresses of the principals of the entity, will be made available on the Secretary of State's web site or upon request.

LEGAL AND ACCOUNTING IMPLICATIONS

There are important legal and accounting implications with respect to this entity's actions. Suitable legal and accounting advice should be secured before submission. The Secretary of State's office suggests that such advice be sought prior to filling out forms to be sure that you understand the terms and procedures.

FORM PROCESSING TIME

Please be advised that the Business Services Division of the Montana Secretary of State will process your business documents within 10 working days of receipt.

- During this period if it is determined that your document does not meet statutory requirements, a letter outlining the deficiencies will be returned to the original submitter.
- If the document is complete and correct, the document will be filed and a letter certifying the filing of the document will be returned to the original submitter.
- If you wish a "FILED STAMPED" copy of the document to be returned with the certification letter (at no additional fee), it will be necessary for you to submit the original and a copy of the document.

Express Handling

- You may request 24 hour priority handling of your document by simply marking the "24 hour priority handling" box and include an **additional** \$20.00 with your handling fee.
- You may request 1 hour expedite handling of your document by marking the "1 hour priority handling" box and include an **additional** \$100.00 with your filing fee.
- **Please note:** If your documents are returned for deficiencies and upon resubmittal you request either of the Express Services **you must also remit** a new priority (\$20.00) or expedite (\$100.00) handling fee.

SUBMISSION

Make checks payable to the Secretary of State. Upon completion, mail with ORIGINAL SIGNATURE to:

Secretary of State
PO Box 202801
Helena, MT 59620-2801

CONTACT US

If you have any questions regarding this form, please contact the Secretary of State, Business Services Division at (406) 444-3665.

DO NOT STAPLE PAYMENT TO FILING FORM