



INSTRUCTIONS: ARTICLES OF INCORPORATION OF A SOCIAL PURPOSE CORPORATION **RCW 23B**

Purpose: Articles of Incorporation for a Social Purpose Corporation business entity governed by RCW 23B.25 is used to create a new business entity that has not previously been registered with the Office of the Secretary of State; or is beyond its five (5) year reinstatement period.

General Instructions: Use dark ink only. Complete the entire form and enter all requested information in the fields provided. At our website www.sos.wa.gov/corporations a fillable .pdf version of this form is available or you can file online at <https://ccfs.sos.wa.gov>

Mail: Send the completed form and payment to the address listed above.

Email: An email address is required on all documents submitted to this office. Provide an email address for the registered agent AND the principal office as required.

Payment: Make checks or money orders payable to "Secretary of State." Checks cannot be backdated more than 60 days from the date the check is received.

Fees: The filing fee for Articles of Incorporation of a Social Purpose Corporation is \$180.00

Expedited Service: If expedited service is requested, an *additional* \$100 must be added to the filing fee. Check the box indicating expedited service on page one.

Initial Report: An initial report is due within 120 days of the effective date of this incorporation per [RCW 23.95.255](http://www.wa.gov/rcw/23.95.255). The report may be included with this incorporation at no additional fee. If the Initial Report is not submitted with this incorporation, a \$10 filing fee will apply.

ALL FILING FEES ARE NON-REFUNDABLE. ALL DOCUMENTS ARE PUBLIC RECORD

(1) Unified Business Identifier (UBI): If the business has previously filed with another state agency such as the Department of Revenue, the Department of Labor and Industries, or the Employment Security Department, the business may already have a 9-digit UBI number that can be entered. Do not enter the UBI number of a Sole Proprietorship or General Partnership. If the business does not have a UBI number, select "No" and continue with the filing. If "No" is selected, the business will be issued a UBI number upon successful completion of the filing.

(2) Business Name: Provide the name for review. If a name has been reserved and a Name Reservation Number has been provided, enter the Number and Name in the appropriate section. If a Name Reservation has not been provided select "No".

In accordance with [RCW 23.95.305](http://www.wa.gov/rcw/23.95.305), a Social Purpose Corporation name must contain one of the following designation: Social Purpose Corporation, SPC, or S.P.C. The name must be distinguishable upon the records of the Secretary of State from any other business already registered with the Secretary of State's office. If the designation is omitted, it will default to SPC when processed.

(3) Purpose and Powers:

1. Enter the general business purpose or purposes of the corporation.
2. Check the appropriate social purpose(s).
3. List any specific social purposes for which this corporation is formed. This is not required.
4. The mission of this social purpose corporation is not necessarily compatible with and may be contrary to maximizing profits and earnings for shareholders, or maximizing shareholder value in any sale, merger, acquisition, or other similar actions of the corporation
5. This corporation is organized as a Social Purpose Corporation governed by chapter RCW 23B.

(4) Registered Agent: All businesses must have a Registered Agent in Washington State per RCW 23.95.415. Select only **one** type of agent. The Consent of the Registered Agent **must** be signed, regardless of the type of Registered Agent. Print the name and title of the person signing and provide the date of signature.

- **Commercial Registered Agent** is a business or individual registered with the Office of the Secretary of State, whose nature of business it is to receive legal documents, notices, or demands required or permitted by law to be served on behalf of the business. A Commercial Registered Agent has a verified address on record with the Office of the Secretary of State.
 - Select “Yes” or “No.”
 - If “Yes,” provide the name of the Commercial Registered Agent. An address is not required.
 - If “No,” continue to Noncommercial Registered Agent.
- **Noncommercial Registered Agent** is a business or individual who agrees to receive legal documents, notice, or demand required or permitted by law to be served on behalf of the business.
 - Identify the Registered Agent.
 - Individual: Write the individual’s first and last name.
 - Business: Write the business’ full name.
 - Office/Position: Write the office or position title held within the business such as President, Secretary, Treasurer, or Member.
 - Provide the required **physical** street address of the Noncommercial Registered Agent. You may also provide the mailing address if needed. Addresses **must** be in Washington State.
 - Provide a contact phone number and email address. This information will be used if there are any questions regarding the submission.

(5) Period of Duration: Select a period of duration. Only one selection will be accepted. Perpetual duration means “on-going” until the business is either administratively or voluntarily dissolved. A specified date or specified number of years, may be selected. If a specified date or years is selected the business will be administratively dissolved as recorded in this section. If no selection is provided, it will default to perpetual.

(6) Effective Date: Select the date this filing is to be effective. If “Date of Filing” is selected, the effective date will be the date the submission is completed by our office. A future effective date may be specified which may not be more than 90 days **after** the date of filing.

(7) Corporate Shares: List the type and number of shares the corporation is authorized to issue. There must be at least 1 share authorized in a corporation. If no selection is made, the type of shares will default to common stock. If preferred stock is checked, an attached description is required. Refer to [RCW 23B.06.010](#) and [RCW 23B.06.020](#) for further information.

(8) Return Address for this Filing: If provided, the confirmation regarding this specific filing will be sent to this address, in addition to the Registered Agent’s address.

(9) Incorporator Information: Provide the name, address and signature of the Incorporator(s). An Incorporator is the person(s) forming the corporation. An additional list may be attached if necessary.

For a rapid response to questions, requests for assistance, or to provide feedback, please visit the Corporations and Charities website at www.sos.wa.gov/corporations to chat with a representative.



WASHINGTON
Secretary of State

Corporations & Charities Division

Mailing Address (ALL USPS): PO Box 40234 Olympia, WA 98504-0234

See website for overnight address by commercial carrier

Tel: 360.725.0377 | Website: www.sos.wa.gov/corporations-charities

Filing Fee \$180

To Expedite Filing, Add \$100

THIS BOX FOR OFFICE USE ONLY

ARTICLES OF INCORPORATION

Social Purpose Corporation

[RCW 23B.25](#)

All fields are required unless otherwise specified

(1) Do you already have a UBI No.? (Check one) Yes No If Yes, provide UBI No.: _____

If you have previously filed with another state agency (for example, the Department of Revenue, the Department of Labor and Industries, or the Employment Security Department), you may already have a 9-digit UBI Number you can provide. **Do not** enter the UBI Number of a Sole Proprietorship or General Partnership.

If you do not have a UBI Number, a UBI Number will be issued to you upon successful completion of the filing.

(2) BUSINESS ENTITY NAME:

If a designation is not provided, it will default to SPC

The name must contain the words "Social Purpose Corporation" or the abbreviation "SPC", "S.P.C." The name may also contain either the words "Corporation", "Incorporated", "Company", "Limited" or the abbreviation "Corp.", "Inc.", "Co." or "Ltd." For name requirements review the following RCW(s): [RCW 23.95.305](#)

Does the business have a name reserved? (Check one) Yes No If Yes, provide the Reservation Number

Reservation No.: _____

(3) PURPOSE AND POWERS:

1. The business purpose or purposes of this corporation is/are (Attach additional sheets if necessary): _____

2. This corporation is organized to carry out the above business in a manner intended to promote positive short-term or long-term effects of, or minimize adverse short-term or long-term effects of, the corporation's activities upon any or all of: **(Check all that apply)**

- (1) the corporation's employees, suppliers, or customers;
- (2) the local, state, national, or world community; or
- (3) the environment

3. List the specific social purpose(s) for which this corporation is organized (*Optional*): _____

4. The mission of this social purpose corporation is not necessarily compatible with and may be contrary to maximizing profits and earnings for shareholders, or maximizing shareholder value in any sale, merger, acquisition, or other similar actions of the corporation.

5. This corporation is organized as a Social Purpose Corporation governed by chapter [RCW 23B.25](#)

(5) PERIOD OF DURATION : Check ONE of the following

This Company shall have a perpetual duration (default) This Company shall have a duration of _____ years.

This Company shall expire on _____

(6) EFFECTIVE DATE: Check ONE of the following

Date of filing (default) this is the date that the submission is completed by our office

Specify a date _____ (cannot be more than 90 days following the received date)

(7) CORPORATE SHARES:

Number of Authorized Shares: _____ (Minimum of one share must be listed)

Class of shares: Common Stock (default) Preferred Stock

If preferred is checked, a further description will be needed prior to issuance of shares. Refer to [RCW 23B.06.010](#) and [RCW 23B.06.020](#)

(8) RETURN ADDRESS FOR THIS FILING: *(Optional)*

If provided, the confirmation regarding this specific filing will be sent to the address below, in addition to the Registered Agent's address.

Attention: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

(9) INCORPORATOR INFORMATION: Name, address, and signature are required. Attach additional sheets if necessary.

I hereby certify, under penalty of law, that the above information is accurate and complies with the filing requirements of state law.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Signature of Incorporator Printed Name/Title Date

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Signature of Incorporator Printed Name/Title Date
