

**New Jersey Department of State**  
**Division of Commercial Recording**  
**Certificate of Incorporation, Nonprofit**  
(Title 15A:2-8 New Jersey Domestic Nonprofit Corporation Act)

**This is to Certify that,** there is hereby organized a corporation under and by virtue of the above noted statute of the New Jersey Statutes.

1. Name of Corporation:
2. The purpose for which this corporation is organized is:
3. Registered Agent's Name:
4. Registered Office/Address:

Street Address	City	State
Zip		

5. The corporation                      Shall have members. — Yes. — No. If yes, qualification will be:

— as set forth in the by-laws.      — or as set forth herein (attach).

6. The rights and limitations of the different classes of members will be:

— as set forth in the by-laws.      — or as set forth herein (attach).

7. The method of electing trustees will be:

— as set forth in the by-laws.      — or as set forth herein (attach).

8. The first board of trustees shall consist of \_\_\_\_\_ trustees (Minimum of three, Addresses cannot be that of the corporation).

Name                      Street Address                      City                      State                      Zip

9. The duration of the corporation is:

10. Set forth Name and Address of Incorporator(s) (Address cannot be that of the corporation. Need one or more.):

Name                      Street Address                      City                      State                      Zip

11. Method of distribution of assets shall be: \_\_\_\_\_ as set forth in the by-laws. \_\_\_\_\_ or as set forth herein (attach).

12. Other provisions:

**In Testimony whereof**, each undersigned incorporators have caused this certificate to be signed this \_\_\_\_\_ day of \_\_\_\_\_

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

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

Instructions: Type all information except signatures. Form must be completed in full and filed in triplicate. The original document will be retained by the Division of Commercial Recording.

Remittance: Check or Money Order should be signed and made payable to the Secretary of State, and be submitted with the document to be filed.

Filing Fee: \$ \_\_\_\_\_ \*Expedited Fee: \$ \_\_\_\_\_ additional

Address:        \*\*Regular Service        \*Expedited Service (by

(by regular mail)	messenger or in person)
Department of State	Department of State
Division of Commercial Recording	Division of Commercial Recording
CN 308	820 Bear Tavern
Trenton, NJ	Road, 2nd Floor
08625-0308	Trenton, NJ 08628

\* Expedited Service requests must be delivered in person or by messenger service such as Federal Express, Emery, UPS, or any overnight service, but not U.S. Postal Service Overnight because it does not directly deliver to our division office.

\*\* Please use zip code 08625 for regular mail. Regular mail wrongly addressed to the "Expedited Service" zip code 08628 will be returned "undeliverable" by the local Post Office.

**Information on Certificate of Incorporation**  
(For Use by Domestic Nonprofit Corporations Only)  
**Title 15A:2-8 New Jersey Nonprofit Corporation Act**

1. NAME OF CORPORATION: Name must include: A New Jersey Nonprofit Corporation, Corporation, Incorporated, Inc., or Corp. Name must be available. Call (609) 530-8312 for immediate telephone availability with payment by VISA, Master Card, or Depository Account.
2. PURPOSE: State purpose of organization.
3. REGISTERED AGENT: Designate one person as registered agent.
4. REGISTERED OFFICE: Address must be in New Jersey and be a street address. Post Office Box may be included only if same city and zip as street address.
5. MEMBERS: Mark appropriate box (not necessary to attach by-laws since by-laws are not filed in this office).
6. RIGHTS AND LIMITATIONS OF MEMBERS: Mark appropriate box (not necessary to attach by-laws since by-laws are not filed in this office).
7. METHOD OF ELECTING TRUSTEES: Mark appropriate box (not necessary to attach by-laws since by-laws are not filed in this office).

8. **BOARD OF TRUSTEES:** List at least three trustees and addresses. Address cannot be that of the corporation.
9. **DURATION:** State length of time corporation is to exist. Perpetual, unlimited, or forever is acceptable.
10. **INCORPORATORS:** List at least one incorporator and address. All incorporators must sign document, no other signatures may appear. Address cannot be that of the corporation.
11. **METHOD OF DISTRIBUTION:** Mark appropriate box (not necessary to attach by-laws since by-laws are not filed in this office).
12. **OTHER PROVISIONS:** Optional.

IN TESTIMONY WHEREOF: Give date of the signing of the document by each incorporator.

SIGNATURE: Must be the original signature of each incorporator, listed in #10 only.

THE PURPOSE OF THIS FORM IS TO SIMPLIFY THE FILING REQUIREMENTS OF THE SECRETARY OF STATE AND DOES NOT REPLACE THE NEED FOR COMPETENT LEGAL ADVICE.

**REMINDER:**

An Annual Report form will be sent to the registered agent prior to the anniversary date of the corporation. Corporations failing to file will become revoked.