

# Nonprofit Corporation Instructions



Wyoming Secretary of State ♦ 2020 Carey Avenue, Suite 700 ♦ Cheyenne, WY 82002-0020

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** Certificate of Authority and one **originally signed** Consent to Appointment by Registered Agent form must be submitted.
- Filing fee of \$25.00.** Make check or money order payable to Wyoming Secretary of State.
- The application must be accompanied by an **original certificate of existence/good standing**, dated not more than sixty (60) days prior to filing in Wyoming, authenticated by the Secretary of State or official having custody of corporate records in the state or country of formation.
- Please provide at least one e-mail address in the Certificate of Authority. The provided e-mail address is used *only* to send you a certificate of evidence and annual report reminders.
- Annual reports are due every year** on the first day of the anniversary month of formation. If not paid within 60 days of the due date the entity will be subject to dissolution.



## You're Ready to Mail in Your Documents!

- ♦ **Typical processing time is 3-5 business days** following the date of receipt in our office.
- ♦ Wyoming statutes do not allow for expedited filing at this time. Your filing will be processed in the order it is received.
- ♦ You can visit our website at <http://wyobiz.wy.gov> to see what day is currently being processed.

## Additional Contact Information

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- ♦ **Department of Revenue** (Sales and Use Tax Information)
  - Ph. 307.777.5200 OR <https://revenue.state.wy.us/>
- ♦ **Wyoming Business Council** (Licensing or Permit Information)
  - Ph. 307.777.2843 OR <http://www.wyomingbusiness.org/>
- ♦ **Department of Workforce Services** (Workers' Compensation or Unemployment Insurance)
  - Ph. 307.777.8650 OR <http://www.wyomingworkforce.org/>
- ♦ **Internal Revenue Service** (Tax ID Information)
  - <https://www.irs.gov/Filing>



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**Wyoming Secretary of State**  
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Cheyenne, WY 82002-0020  
Ph. 307.777.7311  
Fax 307.777.5339  
Email: [Business@wyo.gov](mailto:Business@wyo.gov)

For Office Use Only

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## Foreign Nonprofit Corporation Articles of Continuance

Pursuant to W.S. 17-19-1710 of the Wyoming Nonprofit Corporation Act, the undersigned hereby submits the following Articles of Continuance:

1. Corporation name:

2. Incorporated under the laws of:

*(State or country)*

3. Date of incorporation:

*(Date – mm/dd/yyyy)*

4. Period of duration:

*(This is referring to the length of time the nonprofit corporation intends to exist and not the length of time it has been in existence. The most common term used is “perpetual.”)*

5. Principal office address:

6. Mailing address of the nonprofit corporation:

7. Name and physical address of its registered agent:

*(The registered agent may be an individual resident in Wyoming or a domestic or foreign business entity authorized to transact business in Wyoming. **The registered agent must have a physical address in Wyoming.** If the registered office includes a suite number, it must be included in the registered office address. A Drop Box is not acceptable. A PO Box is acceptable if listed **in addition to a physical address.**)*

Name:

Address:

*(If mail is received at a Post Office Box, please list above **in addition to the physical address.**)*

8. The purpose or purposes of the nonprofit corporation which it proposes to pursue in the transaction of business in the state of Wyoming:

9. Names and usual business addresses of its current officers and directors are:

<u>Office</u>	<u>Name</u>	<u>Address</u>
President		
Vice President		
Secretary		
Treasurer		
Director		
Director		
Director		

10. This corporation is a *(Check appropriate choice.)*:

- a. Public benefit corporation
- b. Mutual benefit corporation
- c. Religious corporation

11. Does this corporation have members?                      Yes                      No

12. The corporation accepts the constitution of the state of Wyoming in compliance with the requirement of Article 10, Section 5 of the Wyoming Constitution.

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

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

Print Name:

Contact Person:

Title:

Daytime Phone Number:

Email:

*(Email provided will receive annual report reminders and filing evidence)  
\*May list multiple email addresses*

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me by \_\_\_\_\_  
*Signatory's Printed Name*

\_\_\_\_\_  
*Notary Public's Signature*

\_\_\_\_\_  
*Notary Date (mm/dd/yyyy)*

\_\_\_\_\_  
*Notary's Commission Expiration*

**Notarial Seal:**

**REQUIRED ATTACHMENTS TO INCLUDE WITH THE FILING:**

A **certified copy of its original articles of incorporation and all amendments** currently certified within the last six (6) months by the proper officer of the state or nation of formation.

A copy of the company resolution authorizing continuance of the Nonprofit Corporation into Wyoming.

Note: Please **provide evidence showing the entity has been dissolved** after the continuation into Wyoming has been completed. Copies of the dissolution are acceptable and can be emailed to [business@wyo.gov](mailto:business@wyo.gov) or mailed in.



## 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:** \_\_\_\_\_  
*(Shall be executed by the registered agent.)*

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

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

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

Registered Agent Mailing Address  
(if different than above):

**\*If this is a current registered agent changing their registered address on file, 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:** \_\_\_\_\_  
*(Shall be executed by the registered agent.)*

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