

Filing Fee \$45.00

**FOREIGN  
NONPROFIT CORPORATION**

**STATE OF MAINE**

**APPLICATION FOR  
AUTHORITY TO CARRY ON ACTIVITIES**

\_\_\_\_\_  
Deputy Secretary of State

**A True Copy When Attested By Signature**

\_\_\_\_\_  
Deputy Secretary of State

\_\_\_\_\_  
(Name of Corporation in Jurisdiction of Incorporation)

Pursuant to [13-B MRSA §1202](#), the undersigned corporation executes and delivers the following Application for Authority to Carry on Activities:

**FIRST:** If the real corporate name is not available, the  **fictitious**  name under which it proposes to apply for authority to carry on activities in the State of Maine is: (If not applicable, so indicate.)

\_\_\_\_\_

Form [FICT-4](#) accompanies this application.

A  **fictitious name**  is a name adopted by a  **foreign corporation**  authorized to carry on activities in this State because its real name is unavailable pursuant to [13-B MRSA §301-A](#).

**SECOND:** Its jurisdiction of incorporation is \_\_\_\_\_ and the date of incorporation is \_\_\_\_\_.

**THIRD:** Purpose(s) it is authorized to do under the laws of its jurisdiction of incorporation:

\_\_\_\_\_  
\_\_\_\_\_

**FOURTH:** Does it seek authority to engage in all activities authorized in its jurisdiction and allowed by Maine Law?

Yes  No If no, specify activity (activities) for which authority is sought. \_\_\_\_\_

\_\_\_\_\_

**FIFTH:** Address of the registered or principal office, wherever located, is \_\_\_\_\_

\_\_\_\_\_

(street, city, state and zip code)

**SIXTH:** The Registered Agent is a: (select **either** a Commercial or Noncommercial Registered Agent)

Commercial Registered Agent CRA Public Number: \_\_\_\_\_

\_\_\_\_\_  
(name of commercial registered agent)

Noncommercial Registered Agent

\_\_\_\_\_  
(name of noncommercial registered agent)

\_\_\_\_\_  
(physical location, not P.O. Box – street, city, state and zip code)

\_\_\_\_\_  
(mailing address if different from above)

**SEVENTH:** Pursuant to [5 MRSA §105.2](#), the registered agent as listed above has consented to serve as the registered agent for this nonprofit corporation.

**EIGHTH:** This application is accompanied by a certificate of existence or a document of similar import duly authenticated by the Secretary of State or other official having custody of corporate records in the state or country under whose law the foreign corporation is incorporated. The certificate of existence must have been made not more than 90 days prior to the delivery of this application for filing.

**Dated** \_\_\_\_\_

**\*By** \_\_\_\_\_  
(signature of any duly authorized individual)

\_\_\_\_\_  
(type or print name and capacity)

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\*This document **MUST** be signed by any duly authorized individual.

Please remit your payment made payable to the Maine Secretary of State.

Submit completed form to:

**Secretary of State  
Division of Corporations, UCC and Commissions  
101 State House Station  
Augusta, ME 04333-0101  
Telephone Inquiries: (207) 624-7752**

Email Inquiries: [CEC.Corporations@Maine.gov](mailto:CEC.Corporations@Maine.gov)

## Customer Contact Cover Letter

Name of entity(s) on the submitted filings:

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**Optional special handling request(s):** (check only if applicable)

- Hold attested copy for pick up (will be required to pick up at our office in Augusta, Maine)
- 24-hour expedited filing (next business day) service: **\$50** additional filing fee per entity
- Immediate expedited filing (same business day): **\$100** additional filing fee per entity

**NOTE:** Only one expedite fee is required if filing multiple documents for the same entity/charter number at the same time.

**Payment can be made by check or money order** (payable to Maine Secretary of State) or by credit card. You may obtain a credit card voucher at <https://www.maine.gov/sos/cec/forms/credit.pdf>.

Total fee(s) enclosed: \$ \_\_\_\_\_

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(Name of contact person)

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(Daytime telephone number)

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(Contact email address for this filing)

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(Email address to use for annual report reminders)

Name and address of person **to return the attested copy** of the completed filing:

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(Name of attested copy recipient)

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(Firm or Company)

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(Mailing Address)

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(City, State & Zip)

**NOTE: Failure to provide a contact name and telephone number or email address will result in any erroneous filing(s) being returned to the filer by the Secretary of State's office.**

For questions regarding the above filing(s), please call or email our office at (207) 624-7752 or [cec.corporations@maine.gov](mailto:cec.corporations@maine.gov)

**Submit filings to:**

**Mailing Address if using US Postal Service**

Department of the Secretary of State  
Corporations, UCC and Commissions  
101 State House Station  
Augusta, ME 04333-0101

**Mailing Address if using FedEx/UPS**

Department of the Secretary of State  
Corporations, UCC and Commissions  
111 Sewall Street, 4<sup>th</sup> Floor  
Augusta, ME 04330