

# Nonprofit Corporation Instructions



Wyoming Secretary of State

Herschler Building East, Suite 101 ♦ 122 W 25th Street ♦ Cheyenne, WY 82002-0020

307.777.7311 ♦ [Business@wyo.gov](mailto:Business@wyo.gov)

## Before Filing Please Note

- ☐ **Filing fee of \$50.00.** 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.
- ☐ Under the circumstances specified in W.S. 17-28-104(e), **an email address is required.**
- ☐ If your out-of-state business name is not available for use in Wyoming, a Use of Fictitious Name form is required with the Application for Certificate of Authority.
- ☐ **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.
- ☐ Please review the form prior to submission. **The Secretary of State's Office is unable to process incomplete forms.**



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

- ♦ **Processing time is up to 15 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.wyo.gov> to see what day is currently being processed.

## Additional Contact Information

- ♦ **Department of Revenue** (Sales and Use Tax Information)
  - Ph. 307.777.5200 OR <https://revenue.state.wy.us/>
- ♦ **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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For Office Use Only

## **Foreign Nonprofit Corporation Application for Certificate of Authority**

Pursuant to W.S. 17-19-1503 the undersigned corporation hereby applies for a Certificate of Authority to transact business in the state of Wyoming.

1. Name of the nonprofit corporation as incorporated:

2. Incorporated under the laws of:

*(State or country)*

3. Date of incorporation:

*(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. Mailing address of the nonprofit corporation:

6. Principal office address:

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

| <u>Office</u> | <u>Name</u> | <u>Address</u> |
|---------------|-------------|----------------|
|---------------|-------------|----------------|

President

Vice President

Secretary

Treasurer

Director

Director

Director

9. Does this corporation have members?      Yes                      No

10. If this corporation had been incorporated under the laws of this state, would it be *(Check one appropriate choice.):*

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

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

12. Certification. *(Please check the box to complete the required certification.)*

I consent on behalf of the business entity to accept electronic service of process at the required email address provided on the form under the circumstances specified in W.S. 17-28-104(e).

**Signature:** \_\_\_\_\_  
*(May be executed by Chairman of Board, President or another of its officers.)*

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

Print Name:

Contact Person:

Title:

Daytime Phone Number:

Email:

*(An email address is required. Email(s) provided will receive important reminders, notices and filing evidence.)*

**REQUIRED ATTACHMENT TO INCLUDE WITH THE FILING**

The completed 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.



## 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:

(An email address is required. Email(s) provided will receive important reminders, notices and filing evidence.)

Registered Agent Mailing Address  
(if different than above):

**IMPORTANT:** If you are an existing registered agent and your existing address on record does not match what is provided on this form, a **Registered Agent Information Update** form is also required.