



JAMES C. KIRKPATRICK
STATE INFORMATION CENTER
(573) 751-4936

JOHN R. ASHCROFT
SECRETARY OF STATE
STATE OF MISSOURI

CORPORATIONS
(573) 751-4153

Domestic Cooperative Association Instruction Sheet

Here is information we hope you will find useful in considering the formation of a Missouri Cooperative Association.

1. The name of the association:
 - A. The name must be distinguishable upon the records from the name of any domestic cooperative association or corporation currently in existence; any foreign corporation which is qualified and in good standing; limited partnership; limited liability company; limited liability partnership; limited liability limited partnership; or a name which is currently reserved.
 - B. The association name may not be one that might falsely imply governmental affiliation.
 - C. The designation "Cooperative Association", "Co-op", "Association", "Cooperative", or the abbreviation "C.A." must be used in the name of a cooperative association. The words "Bank", "Insurance Company" and "Redevelopment" may not be used.
 - D. Name Check. Before drafting articles of association it is imperative that you check with this office concerning the availability of the desired name. This may be done online by selecting the Online Business Services Business Entity Search at www.sos.mo.gov; by mail; or telephone by calling (866) 223-6535 (toll-free). Even though a name may have been checked with this office for availability, customized items such as checks, letterhead, or seals ordered prior to filing articles of association are purchased at your own risk.
 - E. Reservation of association name. If you wish, you may reserve an association name in advance. You may request a reservation with either a letter or a form from this office available at <http://www.sos.mo.gov/business/corporations/forms.asp>. A name may be reserved for 60 days; a fee of \$25.00 must accompany a reservation of an association name. The name may not be reserved for more than 180 days.
2. The articles must list a purpose, which may be either the specific purpose for which the association is organized or a general purpose.
3. An association may have one or more organizers, and may be an individual or business entity (corporation or LLC). The articles must list the name and physical business or residence address of **each** organizer.

James C. Kirkpatrick State Information Center
600 W. Main Street • Jefferson City 65101

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4. The articles of association must state a future effective date, if any; if no future effective date is indicated, the effective date will be the date the articles are filed by the Secretary of State's office.
5. The association must have a registered agent and registered office **in** Missouri, which may be an individual or registered corporation in Missouri.
6. The articles must state the number of years the association is to continue, or they must state that the association is perpetual.
7. The articles must be signed by all organizers.
8. The filing fee is \$105.00.

Feel free to call our office toll-free at (866) 223-6535 with any questions you may have concerning these instructions.

Sincerely,

John R. Ashcroft
Secretary of State



State of Missouri

John R. Ashcroft, Secretary of State

Corporations Division
PO Box 778 / 600 W. Main St., Rm. 322
Jefferson City, MO 65102

Articles of Association

(Submit with filing fee of \$105.00)

Article One

The name of the association is _____
(must use designation of "Cooperative Association"; "Association"; "Cooperative"; "Co-op"; or "C.A.")

Article Two

The association is formed for the following lawful purpose(s): _____

Article Three

The name and physical business or residence address of each organizer:

Name Address City/State/Zip

Name Address City/State/Zip

Name Address City/State/Zip

Article Four

The effective date of this document is the date it is filed by the Secretary of State of Missouri unless a future date is otherwise indicated:

(Date may not be more than 90 days after the filing date in this office)

Article Five

The registered agent's name is _____

The address, including street and number for the registered agent's office in the state of Missouri:
(PO Box may only be used in addition to a physical street address)

Street Address City State/Zip

Article Six

The number of years the corporation is to continue or perpetual: (Please select one)

Perpetual *(check box)* or State number of years _____

In Affirmation thereof, the facts stated above are true and correct:

(The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 575.040, RSMo)

Signature of Organizer(s) Printed or Typed Name of Organizer(s) Date of Signature

Signature of Organizer(s) Printed or Typed Name of Organizer(s) Date of Signature

Signature of Organizer(s) Printed or Typed Name of Organizer(s) Date of Signature

Name and address to return filed document:
Name: _____
Address: _____
City, State, and Zip Code: _____