

Secretary of the State of Connecticut

PHONE: 860-509-6003 • EMAIL: crd@ct.gov • WEB: www.concord-sots.ct.gov

CERTIFICATE OF INCORPORATION NONSTOCK CORPORATION

- Use ink. • Print or type.
- Attach additional 8 1/2 x 11 sheets if necessary.

FILING PARTY (Confirmation will be sent to this address): NAME: Debbie Tietjen ADDRESS: 238 Jewett Avenue CITY: Bridgeport STATE: CT ZIP: 06606 - 2892		FILING FEE: \$50 Make checks payable to "Secretary of the State"						
1. NAME OF CORPORATION (required) (Must include business designation, e.g., Inc., Co., Corp.): The National Institute for Ministry with Young Adults, Inc.								
The corporation is nonprofit and shall not have or issue shares of stock or make distributions.								
2. PLACE A CHECK NEXT TO THE APPROPRIATE STATEMENT: <input type="checkbox"/> A. The Corporation shall not have members. <input type="checkbox"/> B. The Corporation shall only have members who are not entitled to vote. <input checked="" type="checkbox"/> C. The Corporation shall have one class of members. <input type="checkbox"/> D. The Corporation shall have multiple classes of members, which classes are designated as follows:*								
*Please note: the manner of election and appointment of members along with their qualifications and rights may be set forth in this certificate or in the Corporation's bylaws. Please see CGS § 33-1055 and -1056.								
3. THE NATURE OF THE ACTIVITIES TO BE CONDUCTED OR THE PURPOSES TO BE PROMOTED BY THE CORPORATION: Organized and operated for religious, educational and charitable purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code. To assist the formation, networking, and support of pastoral leaders who minister to and with young men and women between the ages of 18 and 39. To promote Catholic academic, ecclesial and pastoral development of leaders and ministers. Research and develop innovative models of evangelization and ministry.								
4. OTHER INFORMATION: 								
5. CORPORATE E-MAIL ADDRESS (Check box if none. Do not leave blank.) stein.nicholas@gmail.com	<input type="checkbox"/> None	6. NAICS CODE (six digits) <table border="1"><tr><td>8</td><td>1</td><td>3</td><td>1</td><td>1</td><td>0</td></tr></table>	8	1	3	1	1	0
8	1	3	1	1	0			



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OFFICE USE ONLY

NOTE: COMPLETE EITHER 7A OR 7B BELOW, NOT BOTH.

7. APPOINTMENT OF REGISTERED AGENT *(required)*

A. If Agent is an individual, print or type full legal name: Anne O. McCrory

Signature accepting appointment ▶

BUSINESS ADDRESS *(required)*:
(P.O. Box unacceptable)

Check box if none: ☐

STREET: 238 Jewett Avenue

CITY: Bridgeport

STATE: CT ZIP: 06606 - 2892

CONNECTICUT RESIDENCE ADDRESS *(required)*:
(P.O. Box unacceptable)

STREET: 200 Somerset Avenue

CITY: Fairfield

STATE: CT ZIP: 06824 -

NOTE: DO NOT COMPLETE 7B IF AGENT APPOINTED IN 7A ABOVE.

B. If Agent is a business,

print or type name of business as it appears on our records: _____

Signature accepting appointment
on behalf of agent: ▶

Print full name and title of person signing on behalf of agent: _____

CONNECTICUT BUSINESS ADDRESS *(required)*:
(P.O. Box unacceptable)

STREET: 238 Jewett Avenue

CITY: Bridgeport

STATE: CT ZIP: 06606 - 2892

8. EXECUTION / SIGNATURE(S): Certificate must be signed by each incorporator

Date (mm/dd/yyyy): August 18, 2020

NAME OF INCORPORATOR(S) (print or type)	ADDRESS(ES) (No PO Boxes)	SIGNATURE(S)
Nicholas George Stein	ADDRESS: <u>107 Osborne Avenue</u> CITY: <u>Catonsville</u> STATE: <u>MD</u> ZIP: <u>21228 -</u>	▶
	ADDRESS: CITY: STATE: ZIP: -	▶
	ADDRESS: CITY: STATE: ZIP: -	▶

INSTRUCTIONS

1. **NAME OF CORPORATION:** Please provide the name of the corporation. The name of the corporation must contain one of the following designations: “corporation,” “incorporated,” or “company,” or the abbreviation “corp.,” “inc.,” “co.,” or words or abbreviations of like import in another language. The name must also be distinguishable from other business names on the records of the Secretary of the State.
2. **PLACE A CHECK NEXT TO THE APPROPRIATE STATEMENT:** Please provide required membership information by making the appropriate selection. Note: if (D) is selected, the corporation must designate each class of members in the space provided or in an attachment.
3. **THE NATURE OF THE ACTIVITIES TO BE CONDUCTED OR THE PURPOSES TO BE PROMOTED BY THE CORPORATION:** Please provide the purpose for which the corporation is formed. Nonstock corporations are permitted to state that the purpose of the corporation is to engage in any lawful act or activity for which corporations may be formed under the Connecticut Revised Nonstock Corporation Act in lieu of or in addition to a specific purpose.
4. **OTHER INFORMATION:** Please present in the space provided or on an attachment any information which a nonstock corporation is permitted but not required to provide.
5. **CORPORATION EMAIL ADDRESS: REQUIRED.** (If none, must check box “none.”) The Secretary must notify entities via email when their Annual Reports are due.
6. **NAICS CODE:** Find code at www.census.gov/naics or call 888-756-2427.
(business/occupation/profession code)
7. **APPOINTMENT OF REGISTERED AGENT:** The corporation may not appoint itself as its registered agent. The corporation may appoint either a natural person who is a resident of Connecticut; a Connecticut corporation, limited liability company, limited liability partnership, or statutory trust; or a foreign corporation, limited liability company, limited liability partnership or statutory trust which has registered to transact business in Connecticut. Please note the following: if the agent being appointed is a natural person, that person’s business address must be provided under the heading Business Office Address* and their residence address under the heading Residence Address; if the agent appointed is an entity, it must provide its office address in Connecticut under the Business Office Address heading. The agent must sign accepting the appointment in the space provided and the signatory must print their name and the capacity under which they sign if signing on behalf of an entity. All addresses must include a street number, street name, city, state, and postal code. P.O. box addresses are acceptable ONLY as additional information. Do not write “same” or “same as above” in any address fields.
8. **EXECUTION/SIGNATURE:** The document must be executed/signed by all incorporators, each of whom must provide an address containing a street number, street name, city, state, and postal code. The execution/signature constitutes legal statement under the penalties of false statement that the information provided in the document is true.

* Or check the “None” box if no business address.

INCORPORATION OF A CONNECTICUT NONSTOCK CORPORATION

We are pleased to enclose the form to incorporate a nonstock corporation in the State of Connecticut. Note that an Organization and First Report form must also be filed to record the addresses and officers and directors of the corporation within 90 days of the filing date of Certificate of Incorporation. The fees for filing the Organization and First Report can be found on the fee schedule.

Any questions concerning the completion of this form, or the incorporation process, should be directed to your legal counsel.

Note: Please contact the Department of Revenue Services or your tax advisor as to any potential tax liability relating to your business.

Please note that the filing of the above referenced documents present the bare essentials of incorporating a nonstock, nonprofit company in Connecticut. There are many other considerations to consider. For example, if you wish the corporation to be exempt from federal taxes, you should contact the Internal Revenue Service prior to filing to determine whether the corporation's Certificate of Incorporation should contain any specific provisions. Further, any person or organization planning to grant college credit or call itself a college or university must first comply with Section 10a-34 of the Connecticut General Statutes before it will be accepted as a corporation.

The organization and first report must be filed within 90 days from the filing of the Certificate of Incorporation.

Please make checks payable to "The Secretary of the State."

OFFICE OF THE SECRETARY OF THE STATE

Mailing Address:

Business Services Division
Connecticut Secretary of the State
P.O. Box 150470
Hartford, CT 06115-0470

Delivery Address:

Business Services Division
Connecticut Secretary of the State
165 Capitol Avenue, Suite 1000
Hartford, CT 06106

PHONE: 860-509-6003

WEBSITE: www.concord-sots.ct.gov