



Vermont Secretary of State
RESTATED ARTICLES OF INCORPORATION OR
ARTICLES OF CORRECTION
of a Vermont General Corporation

PLEASE RETURN EVIDENCE OF FILING TO: (Name and Address)

Four horizontal lines for return address information.

Processed by: _____
FOR OFFICE USE ONLY

PLEASE REVIEW SUBMISSION AND FORM INSTRUCTIONS BEFORE BEGINNING
THIS DOCUMENT MUST BE TYPEWRITTEN OR PRINTED (11A V.S.A. § 1.20)

CLOSE CORPORATION: REQUIRED - AS CURRENTLY ON RECORD WITH THE VERMONT SECRETARY OF STATE.

a. Current Business Name: _____

b. Date of Incorporation: _____

TYPE OF FILING: REQUIRED - SELECT ONE (1) OF THE FOLLOWING.

- RESTATED ARTICLES OF INCORPORATION of the above named Domestic (Vermont) Corporation (11A V.S.A. § 10.07).
ARTICLES OF CORRECTION of the above named Domestic (Vermont) Corporation (11A V.S.A. § 1.24):

a. Title of Document to be corrected: _____

b. Date of Filing of document being corrected: _____

IF A RESTATEMENT - REQUIRED- FILL-IN ALL ARTICLES, CHECK THOSE ARTICLES BEING AMENDED
IF A CORRECTION - SELECT AND FILL-IN ONLY THOSE ARTICLES (1-8) IN WHICH INFORMATION IS BEING CHANGED/UPDATED

ARTICLE 1. NEW BUSINESS NAME REQUIRED

NAME MUST INCLUDE A CORPORATE IDENTIFIER SUCH AS "PC," "PA," LTD," OR "SC" - SEE INSTRUCTIONS PAGE FOR COMPLETE LIST OF OPTIONS
NAME MUST INCLUDE IDENTIFIER SUCH AS "CORP," "INC," "CO," OR "LTD." - SEE INSTRUCTIONS PAGE FOR COMPLETE LIST OF OPTIONS

ARTICLE 2. NEW CORPORATE SUBTYPE SELECT ALL THAT APPLY

- This corporation is now a Professional Corporation in accordance with 11 V.S.A. Chapter 4
MUST ENCLOSE PROFESSIONAL LICENSE(S) WITH THIS DOCUMENT
This corporation is now a Workers' Cooperative Corporation in accordance with 11 V.S.A. Chapter 8
This corporation is a now Benefit Corporation in accordance with 11A V.S.A. Chapter 21

a. The Benefit Director will be: BENEFIT CORPORATIONS ONLY _____

ARTICLE 3. NEW BUSINESS PURPOSE BRIEF STATEMENT OF PRIMARY GOODS OR SERVICES TO BE PROVIDED BY THIS CORPORATION

CLOSE PROFESSIONAL CORPORATIONS: REQUIRED - MUST STATE PROFESSIONAL SERVICE PROVIDED
CLOSE BENEFIT CORPORATIONS: REQUIRED - MUST INCLUDE ONE OR MORE SPECIFIC PUBLIC BENEFITS IN ACCORDANCE WITH 11A V.S.A. § 21.08.

Purpose: _____

ARTICLE 4. NEW PRINCIPAL OFFICE

a. Street Address: NO PO BOX _____

City/Town: _____ State: _____ ZIP: _____ - _____

b. Mailing Address: _____

City/Town: _____ State: _____ ZIP: _____ - _____

ARTICLE 5. PRINCIPALS: IF SELECTED --MUST PROVIDE COMPLETE LIST OF ALL CURRENT OFFICERS AND DIRECTORS (IF ANY)-BOTH REMAINING AND NEW PRINCIPALS

a. Officer or Director Name: _____ Title: _____

Address: _____

City/Town: _____ State: _____ ZIP: _____ - _____

E-Mail Address: _____

b. Officer or Director Name: _____ Title: _____

Address: _____

City/Town: _____ State: _____ ZIP: _____ - _____

E-Mail Address: _____

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(Reverse of Page 1 of 2)



Vermont Secretary of State
**ARTICLES OF AMENDMENT, RESTATEMENT,
 OR CORRECTION** of a Vermont Close Corporation

c. Officer or Director Name: _____ Title: _____

Address: _____

City/Town: _____ State: _____ ZIP: _____

E-Mail Address: _____

CHECK IF APPLICABLE:

This corporation now has more than three (3) directors and/or officers; *MUST ATTACH A COMPLETE LIST OF ALL ADDITIONAL PRINCIPLES.*

ARTICLE 6. PROVISIONS REGARDING CAPITAL STOCK:

a. Amount of Stock authorized to be issued: *REQUIRED*

(1) Capital Stock will be divided into _____ Shares.

(2) The total par value will be \$ _____.

b. *REQUIRED – SELECT ONE (1) OF THE FOLLOWING:*

The capitol stock will not be divided into more than one class; all shares will have unlimited voting rights, as well as equal allocation of net assets upon dissolution.

The capital stock will be divided as follows into the following classes:

(1) Preferred: _____ Shares;

(2) Common: _____ Shares;

(3) Other _____ Shares

c. The following class(es) of shares will (together) have unlimited voting rights:

d. The following class(es) of shares together is/are entitled to receive the net assets of the corporation upon dissolution.

ARTICLE 7. FISCAL YEAR END (MONTH): *OPTIONAL* _____

DECEMBER IS DEFAULT FISCAL YEAR END IF NO ENTRY MADE - ANNUAL REPORTS WILL BE DUE EACH YEAR WITHIN FIRST 2.5 MONTHS OF FISCAL YEAR END.

ARTICLE 8. EFFECTIVE DATE *CORRECTIONS ONLY* _____

MAY BE POST-DATED UP TO 90 DAYS FROM DATE OF RECEIPT OF DOCUMENT BEING CORRECTED

ARTICLE 9. APPROVAL OF THESE ARTICLES: *REQUIRED - SELECT ONE (1) OF THE FOLLOWING:*

Shareholder action was not required, this amendment was approved by a sufficient vote of the board of directors or incorporators;

This amendment or restatement was approved by the shareholders as follows: *REQUIRED-IF SELECTED*

a. Total number of votes entitled to be cast by shareholders: _____

b. Total number of UNDISPUTED votes cast ON this amendment or restatement: _____

(1) Total Number of Votes Cast FOR this amendment or restatement: _____

(2) *SELECT AND FILL-IN ONE (1) OF THE FOLLOWING:*

Total number of votes cast AGAINST this amendment or restatement: _____

Total number of UNDISPUTED votes cast FOR this amendment or restatement: _____

c. The number of votes cast FOR this amendment or restatement was sufficient for approval

ARTICLE 10. EFFECTIVE DATE *OPTIONAL* _____

MAY BE POST-DATED UP TO 90 DAYS FROM DATE OF RECEIPT

CERTIFICATION OF DOCUMENT: REQUIRED

I hereby certify, under penalty of law, (11A V.S.A. §1.29), as an officer or director of this Corporation, that the above information is accurate; and that the document is provided in duplicate with a Check or Money Order made payable to "VT SOS" in the amount of \$25.00.

 Printed/Typed Name of Officer or Director Signature Title Date

PLEASE REVIEW SUBMISSION AND FORM INSTRUCTIONS BEFORE FILING.



Vermont Secretary of State
**ARTICLES OF AMENDMENT, RESTATEMENT,
OR CORRECTION** of a Vermont Close Corporation

Submission Instructions

- A. This filing must be filed in duplicate (one original and one copy) with a check or money order, payable to "VT SOS," and a self addressed stamped envelope.
- B. This filing can only be accepted by Mail or In-person at:

Vermont Secretary of State
Corporations Division
128 State Street
Montpelier, VT 05633-1104

Note: This filing cannot be accepted by Phone, Fax or E-mail.

- C. Please allow 3-5 business days, from the day this is received in our office, for processing and 24 hours, following processing, for Website information to be updated and returned evidence to be sent.

Form Instructions

- Article 1.** a. **A corporate name** (including Benefit and Workers' Cooperative) in accordance with [11A V.S.A. § 4.01](#):
(1) must contain the word "CORPORATION," "INCORPORATED," "COMPANY," or "LIMITED;" or the abbreviation "CORP," "INC," "CO," OR "LTD;" or words or abbreviations of like meaning in another language;
(2) may not contain language stating or implying that the corporation is organized for a purpose other than that permitted by section 3.01 of this title and its articles of incorporation;
(3) may not have the word "COOPERATIVE" or any abbreviation thereof as part of its name unless the corporation is a worker cooperative corporation organized under [11 V.S.A. Chapter 8](#);
(4) may not include any word not otherwise authorized by law.
- b. **A professional corporation name** in accordance with [11 V.S.A. § 825](#):
(1) must contain the words "PROFESSIONAL CORPORATION," "PROFESSIONAL ASSOCIATION," "LIMITED," or "SERVICE CORPORATION;" or the abbreviation "P.C." , "P.A.", "LTD.", or "S.C."
(2) may not contain language stating or implying that it is incorporated for a purpose other than that authorized by [11 V.S.A. § 821](#) and its articles of incorporation; and
(3) must conform with any rule promulgated by the licensing authority having jurisdiction over a professional service described in the corporation's articles of incorporation.
- Article 3.** Purpose Statement required for Professional Corporations – Optional for all others.
a. Professional Corporations: purpose statement must include professional service to be provided.
b. Benefit Corporations: purpose statement must include public benefit to be provided.
- Article 4.** Primary location where business will be conducted under this business name, or primary location where business records are kept.
- Article 5.** The names and usual business addresses of all current officers and director (if any).
- Article 6.** Provisions for Capital Stock is Required.
- Certification:**This document must be executed by an officer or director currently on record with the VT Secretary of State

**For Questions, please contact Corporations Division at:
(802) 828-2386 or corps@sec.state.vt.us**