



**Wyoming Secretary of State**  
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122 W 25th Street  
Cheyenne, WY 82002-0020  
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For Office Use Only

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## Foreign Nonprofit Corporation Articles of Continuance

Pursuant to W.S. 17-19-1710 of the Wyoming Nonprofit Corporation Act, the undersigned hereby submits the following Articles of Continuance:

1. Corporation name:

2. Incorporated under the laws of:

*(State or country)*

3. Date of incorporation:

*(Date – 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. Principal office address:

6. Mailing address of the nonprofit corporation:

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. The purpose or purposes of the nonprofit corporation which it proposes to pursue in the transaction of business in the state of Wyoming:

9. Names and usual business addresses of its current officers and directors are: Office Name

Address \_\_\_\_\_

President

Vice President

Secretary

Treasurer

Director

Director

Director

10. This corporation is a *(Check appropriate choice.):*

a. Public benefit corporation

b. Mutual benefit corporation

c. Religious corporation

11. Does this corporation have members? Yes No

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

13. 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:** \_\_\_\_\_

**Date:**

*(mm/dd/yyyy)*

Print Name:

Contact Person:

Title:

Daytime Phone Number:

Email:

*(This is a required field. Email provided will receive annual report reminders and filing evidence) \*May list multiple addresses*

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me by \_\_\_\_\_  
*Signatory's Printed Name*

\_\_\_\_\_  
*Notary Public's Signature*

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

\_\_\_\_\_  
*Notary's Commission Expiration*

**Notarial Seal:**

**REQUIRED ATTACHMENTS TO INCLUDE WITH THE FILING:**

A **certified copy of its original articles of incorporation and all amendments** currently certified within the last six (6) months by the proper officer of the state or nation of formation.

A copy of the company resolution authorizing continuance of the Nonprofit Corporation into Wyoming.

Note: Please **provide evidence showing the entity has been dissolved** after the continuation into Wyoming has been completed. Copies of the dissolution are acceptable and can be emailed to [business@wyo.gov](mailto:business@wyo.gov) or mailed in.