

I / we hereby authorize NicNac Charities Inc. (EIN:81-3787631) [the Incorporator], a 501(c)(3) non-profit organization based in Emmaus, PA, to complete paperwork pertaining to the incorporation of our corporation [the business]:

LEGAL NAME FOR ENTITY: \_\_\_\_\_

EIN (if available): \_\_\_\_\_

TYPE OF CORPORATION (SELECT ONLY ONE): Corporation | LLC | Nonprofit | Fictitious Name

We irrevocably release the Incorporator, its officers, board members, members, clients, and all other past, current, and future interested and disinterested parties from claim and agree to hold them harmless in the event of injury, damage, or other forms of loss. We elect to have the following services rendered by the incorporator as a third-party designee (TPD) as listed in relevant IRS documentation:

- Application for a Federal Employer Identification Number, FORM SS4
- Contracting of a registered agent [if applicable]
- Corporate Filings in The Commonwealth / State of \_\_\_\_\_
  - Including the list of board members as provided and authorized in the attached document.
- Federal Application for Nonprofit Exemption, FORM 1023 or 1023EZ depending on needs.
  - All filing notices will be sent to secretary of the business via electronic mail.



I / we acknowledge certain reporting requirements that exist for our business' entity type: \_\_\_\_\_

- Completion of form 990 on an annual basis via the IRS' website, to prevent auto-revocation.
- Re-contracting the registered agent [if applicable]
- Renewing business licenses annually at the state and federal levels.
- Submitting an annual report to NicNac Charities via Email ([Nicholas@NicNacCharities.org](mailto:Nicholas@NicNacCharities.org)) or Snail Mail on an annual basis to be received by the incorporator by the first of January of each year.
  - This report, at a minimum, must include the number and type of people served, donations received, changes to any board membership, descriptions and any other relevant statistic.

I / we permit NicNac Charities to advertise, promote, or use the Business and its statistics on social media, advertisements, documents, records, website, with or without notice to the members of our organization. We read and agree to NicNac Charities' Universal Terms of Service, Interaction, and Association Agreement as they are written today and as they may be amended from time to time in the future with or without notice. The Business and its current and future officers will protect and defend all the Incorporator's rights as implicitly/explicitly defined in that document, now and in perpetuity, binding on all successor corporations.

The Business agrees to pay for any and all services and costs above those which originate from the costs listed above. The costs in excess of the covered expenses will be covered by the members / board of the Business in a timely manner not to exceed three (3) months, from the date of this agreement, \_\_\_\_\_ (Today's Date).

The business, its agents, designees, assigns, members of the board, directors, members, and all other interested and disinterested persons and boards agree to treat this agreement as valid, legally binding, and irrevocable in perpetuity for all present and future operations and ventures, to include new profit and non-profit organizations. This agreement is severable and is effective as of \_\_\_\_\_.

**FOR THE BUSINESS,**

**FOR THE INCORPORATOR,**

\_\_\_\_\_ President \_\_\_\_\_ Date

\_\_\_\_\_

\_\_\_\_\_ Secretary \_\_\_\_\_ Date

Nicholas C. Birosik, President

\_\_\_\_\_ Treasurer \_\_\_\_\_ Date

\_\_\_\_\_

\_\_\_\_\_ Other Officer \_\_\_\_\_ Date

Joel P. W. Daniels, Secretary

IDENTIFICATION OF APPLICANT:

<b>Part I Identification of Applicant</b>			
<b>1a</b> Full Name of Organization (exactly as it appears in your organizing document)			<b>b</b> Care of Name (if applicable)
<b>c</b> Mailing Address (Number, street and room/suite)		<b>d</b> City	<b>e</b> Country UNITED STATES
<b>f</b> State		<b>g</b> Zip Code + 4	<b>h</b> Foreign Province (or State)
		<b>i</b> Foreign Postal Code	
<b>2</b> Employer Identification Number	<b>3</b> Month Tax Year Ends		<b>4</b> Person to Contact if More Information is Needed (officer, director, trustee, or authorized representative)
<b>5</b> Contact Telephone Number		<b>6</b> Fax Number (optional)	
<b>8</b> Organization's Website (if available):			
<b>9</b> List the names, titles, and mailing addresses of your officers, directors, and/or trustees.			
First Name:		Last Name:	
Mailing Address:		City:	
State (or Province):		Zip Code (or Foreign Postal Code):	
First Name:		Last Name:	
Mailing Address:		City:	
State (or Province):		Zip Code (or Foreign Postal Code):	
First Name:		Last Name:	
Mailing Address:		City:	
State (or Province):		Zip Code (or Foreign Postal Code):	
First Name:		Last Name:	
Mailing Address:		City:	
State (or Province):		Zip Code (or Foreign Postal Code):	
First Name:		Last Name:	
Mailing Address:		City:	
State (or Province):		Zip Code (or Foreign Postal Code):	
<input type="checkbox"/> Check here to add more officers, directors, and/or trustees.			

SOCIAL SECURITY NUMBER OF RESPONSIBLE PARTY (USUALLY THE PRESIDENT AS LISTED ABOVE): \_\_\_\_\_

MISSION STATEMENT:

Contact Email and Phone Number: \_\_\_\_\_

ADDITIONAL INFORMATION: