Office of the Minnesota Secretary of State

Minnesota Cooperative | Articles of Incorporation

Minnesota Statutes, Chapter 308A

Read the instructions before completing this form.

Filing Fee: $80 for expedited service in-person and online filings, $60 if submitted by mail

The undersigned incorporator(s), in order to form a Cooperative under *Minnesota Statutes*, Chapter 308A adopt the following:

Article I – Name of the Cooperative (Required)

Article II – Purpose of the Cooperative (Required)

The purpose of this association are to own, lease, mortgage, sell buy, operate, encumber and in all possible ways deal, trade, and invest in real and personal property in this or any other jurisdiction as a principal, agent, partner, either general or limited, or as a member of a joint venture, syndicate or other form of business entity and to own and vote stock in this or any other corporation or association, all of which activities shall be for the use and benefit of the members of the association and their families, and any other purposes permitted by Minnesota Statutes, Chapter 308A.

Article III – Principal Place of Business (Required)

Street Address *(A PO Box by itself is not acceptable)* City State Zip

Article IV – Duration

The period of duration of this association shall be: (If you do not complete this item, a perpetual duration is assumed by law.)

Article V – Registered Office Address and Agent (A Registered Office Address is Required)

Street Address *(A PO Box by itself is not acceptable)* City State Zip

The Registered Agent at the above address is:

Article VI – Other Lawful Provisions (Optional)

If the cooperative is to be organized on a capital stock basis, the total authorized number of shares and the par value of each share:

If the shares are to be classified, a description of the classes of shares, including a statement of the number of shares in each class and relative rights, preferences, and restrictions grant to or imposed upon the shares of each class:

The names, post office addresses, and terms of office of the directors of the first board:

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Article VII – Incorporators (Required)
I, the undersigned, certify that I am signing this document as the person whose signature is required, or as agent of the person(s) whose signature would be required who has authorized me to sign this document on his/her behalf, or in both capacities. I further certify that I have completed all required fields, and that the information in this document is true and correct and in compliance with the applicable chapter of Minnesota Statutes. I understand that by signing this document I am subject to the penalties of perjury as set forth in Section 609.48 as if I had signed this document under oath.

Incorporator's Name | Street Address | City | State | Zip Code

Signature | Date

Incorporator's Name | Street Address | City | State | Zip Code

Signature | Date

Email Address for Official Notices
Enter an email address to which the Secretary of State can forward official notices required by law and other notices:

☐ Check here to have your email address excluded from requests for bulk data, to the extent allowed by Minnesota law.

List a name and daytime phone number of a person who can be contacted about this form:

Contact Name | Phone Number

Entities that own, lease, or have any financial interest in agricultural land or land capable of being farmed must register with the MN Dept. of Agriculture's Corporate Farm Program.

Minnesota Business Snapshot
To better serve Minnesotans, the Office of the Minnesota Secretary of State has created the "Minnesota Business Snapshot," a short and simple survey produced with the input of business owners, business organizations, non-profits, and researchers from across the state. These five questions will take less than three minutes to complete, and you may answer any or all of them. There is no penalty if you choose not to provide this information. However, the answers you do provide will create a useful pool of information for potential customers. We do not independently verify the answers applicants provide. **Again, this survey is voluntary, and the answers are considered public data.** Thank you.

1. (Select up to one) - How many Minnesota – based full time employees (or FTE equivalents) does this entity currently have?

- ☐ 0-5
- ☐ 6-50
- ☐ 51-200
- ☐ 201-500
- ☐ Over 500

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2. (Select all that apply) - Does the owner or a member of the ownership group of this entity self-identify as a member of any of the following communities?

- ☐ Woman
- ☐ Member of a community of color
- ☐ Veteran
- ☐ Member of a disability community
- ☐ Member of an immigrant community

3. (Select up to one) - Using NAICS codes below, please select the code that best describes this entity. If you believe this entity falls into more than one category, please select the category that generates the majority of the entity's revenue.

- ☐ Agriculture, Forestry, Fishing and Hunting (Code 11)
- ☐ Mining (Code 21)
- ☐ Utilities (Code 22)
- ☐ Construction (Code 23)
- ☐ Manufacturing (Codes 31-33)
- ☐ Wholesale Trade (Code 42)
- ☐ Retail Trade (Codes 44-45)
- ☐ Transportation and Warehousing (Codes 48-49)
- ☐ Information (Code 51)
- ☐ Finance and Insurance (Code 52)
- ☐ Real Estate Rental and Leasing (Code 53)
- ☐ Professional, Scientific, and Technical Services (Code 54)
- ☐ Management of Companies and Enterprises (Code 55)
- ☐ Administrative and Support and Waste Management and Remediation Services (Code 56)
- ☐ Educational Services (Code 61)
- ☐ Health Care and Social Assistance (Code 62)
- ☐ Arts, Entertainment, and Recreation (Code 71)
- ☐ Accommodation and Food Services (Code 72)
- ☐ Other Services (except Public Administration) (Code 81)
- ☐ Public Administration (Code 92)

4. (Select up to one) Is this entity a full time or part time endeavor for those primarily responsible for operating this entity?

- ☐ Full time
- ☐ Part time

5. (Select up to one) - If applicable, what were this entity's gross revenues for the past year?

- ☐ $0 - $10,000
- ☐ $10,001 - $50,000
- ☐ $50,001 - $250,000
- ☐ $250,001 - $1M
- ☐ Over $1M

Print Reset

INSTRUCTIONS

File your business document online by visiting our website at www.sos.mn.gov.

This form is intended merely as a guide for filing and is not intended to cover all situations. Retain the original signed copy of this document for your records and submit a legible photocopy for filing with the Office of the Secretary of State.

Article I – Name of the Cooperative (Required)
List the exact name of the cooperative. A preliminary name availability check may be done by accessing our website at www.sos.mn.gov.
Article II – Purpose of the Cooperative (Required)
Article III – Principal Place of Business (Required)
List a complete street address or rural route and rural route box number of the principal place of business. A post office box by itself cannot be accepted as the address of the principal place of business.
Article IV – Duration
The cooperative has a perpetual duration unless stated otherwise.
Article V – Registered Office Address and Agent (A Registered Office Address is Required)
A registered office address in Minnesota is required. List the complete street address or rural route and rural route box number for the registered office address. A post office box by itself is not acceptable. If you have a registered agent, list the full name of the agent located at the registered office address. An Agent is not required.
Article VI – Other Lawful Provisions (Optional)
Article VII – Incorporators (Required)
Only one incorporator is required. List the name and complete address for each incorporator. An incorporator must be an individual 18 years of age or older. A signature is required for each incorporator or by an Authorized Agent (The signing party must indicate on the document that they are acting as the agent of the person(s) whose signature would be required and that they have been authorized to sign on behalf of that person(s).) List the incorporators on an additional sheet if there are more than two incorporators.

Email Address for Official Notices. This email address may be used to send annual renewal reminders and other important notices that may require action or response. Check the box if you wish to have your email address excluded from requests for bulk data, to the extent allowed by Minnesota law.

List a name and daytime telephone number of a person who can be contacted about this form.

Minnesota Business Snapshot. This information is a snapshot of data at the point of time this filing was made. This information is voluntary and may be shared with other agencies or the public for data analysis.

Filing Fee: $80 for expedited service in-person and online filings, $60 if submitted by mail
Payable to the MN Secretary of State

Please submit all items together and mail to the address below:

FILE IN-PERSON OR MAIL TO:
Minnesota Secretary of State - Business Services
First National Bank Building
332 Minnesota Street, Suite N201
Saint Paul, MN 55101
(Staffed 8 a.m. – 4 p.m., Monday - Friday, excluding holidays)

Phone Lines: (9 a.m. - 4 p.m., M-F) Metro Area 651-296-2803; Greater MN 1-877-551-6767

Reporting Business Ownership Information
The Corporate Transparency Act (CTA) goes into effect on **January 1, 2024**. The CTA requires many entities created in or registered to do business in the United States to report information about their beneficial owners to the Financial Crimes Enforcement Network (FinCEN). Go to fincen.gov/boi to determine if the CTA applies to your organization, what information you need to file, and when you need to file it.

All of the information on this form is public. Minnesota law requires certain information to be provided for this type of filing. If that information is not included, your document may be returned unfiled. This document can be made available in alternative formats, such as large print, Braille or audio tape, by calling (651)296-2803/voice. For a TTY/TTD (deaf and hard of hearing) communication, contact the Minnesota Relay Service at 1-800-627-3529 and ask them to place a call to (651)296-2803. The Secretary of State's Office does not discriminate on the basis of race, creed, color, sex, sexual orientation, national origin, age, marital status, disability, religion, reliance on public assistance or political opinions or affiliations in employment or the provision of service.