



Arkansas Secretary of State

John Thurston

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Instructions: File with the Arkansas Secretary of State's Business and Commercial Services Division, State Capitol, Little Rock, Arkansas 72201-1094 with payment of fee. A copy will be returned to the Corporation at the listed address.

PLEASE TYPE OR CLEARLY PRINT IN INK

ARTICLES OF INCORPORATION OF COOPERATIVE MARKETING ASSOCIATION

The undersigned acting as incorporator of a cooperative under the Marketing Association Cooperative Act 116 of 1921 and A.C.A. § 2-2-408, adopt the following Articles of Incorporation of such Cooperative Marketing Association:

1. The name of the Association is: _____
2. The purpose for which the Association is formed: _____
3. Principal place of business: _____
4. Term of existence (not to exceed 50 years): _____
5. Number of directors (no fewer than five):

Name	Address
_____	_____
_____	_____
_____	_____
_____	_____
6. The term of office of the directors: _____
7. (i) If organized without capital stock, whether the property rights and interest of each member shall be equal or unequal, _____
 (ii) If unequal, state the general rules applicable to all members by which the property rights and interests of each member may and shall be determined and fixed:

8. If organized with capital stock, state: _____ amount of stock and number of shares _____ par value of each share
9. If stock is divided into preferred and common stock, state the number of shares of stock to which the preference is granted and not granted and nature and extent of preference and privileges granted to each:

The information provided herein is true to the best of my knowledge and is made with the intent to file with the Arkansas Secretary of State. I understand that the statements made herein are under oath, and that knowingly making a false statement herein is a Class C felony (A.C.A. § 5-53-102) or a Class A misdemeanor (A.C.A. § 5-53-103), or both

Name of Incorporator(s)

State of Arkansas
County of _____

Subscribed and sworn to before me, a notary public, on
this _____ day of _____, _____.

My commission expires: _____

Signature of Incorporator(s)
(Attach name and signatures of additional incorporators)

Notary Public _____