

OGLALA SIOUX TRIBE
BUSINESS CODE

FORM 22 – ARTICLES OF INCORPORATION (COOPERATIVE)

Document processing fee is \$100.00

Fees & forms/cover sheets are subject to change.

Documents must be typewritten or machine printed.

ABOVE SPACE FOR OFFICE USE ONLY

Articles of Incorporation (Cooperative)

1. The entity name of the cooperative is:

(The name of a cooperative must contain the term or abbreviation "corporation", "incorporated", "company", "limited", "corp.", "inc.", "co." or "ltd.". If the corporation is a professional or special purpose corporation, other law may apply.)

(Caution: The use of certain terms or abbreviations are restricted by law. Read instructions for more information.)

Use of Restricted Words *(if any of these terms are contained in an entity name, true name or assumed name, mark the applicable with an "X")*:

- _____ "bank" or "trust" or any derivative thereof
_____ "credit union"
_____ "savings and loan"
_____ "insurance", "casualty", "mutual", or "surety"

2. The period of duration of the cooperative is:

_____ ("X"): Perpetual

OR

_____ ("X"): For a term of years expiring on: _____.
(mm/dd/yyyy hour:minute am/pm)

3. The principal office address of the initial principal office is

Street address:

(Street number and name)

(City)

(State) (Postal/Zip Code)

(Province/Country – if not US)

Mailing address **(leave blank if same as street address)**

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(Street number and name)

(City)

(State) (Postal/Zip Code)

(Province/Country – if not US)

4. The registered agent name and registered agent address of the initial registered agent are

Name (if an individual) _____

(Last)

(First)

(Middle)

(Suffix)

OR (if an entity) _____

(Caution: Do not provide both an individual and an entity name.)

The person appointed as registered agent above has consented to being so appointed. Street address

(Street number and name)

PINE RIDGE INDIAN RESERVATION

(City)

(Postal/Zip Code)

Mailing address (leave blank if same as street address)

(Street number and name)

PINE RIDGE INDIAN RESERVATION

(City)

(Postal/Zip Code)

5. The true name and mailing address of each incorporator are

Name: _____

(Last)

(First)

(Middle)

(Suffix)

Mailing address:

(Street number and name)

(City)

(State)

(Postal/Zip Code)

Mailing address (leave blank if same as street address)

(Street number and name)

(City)

(State)

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(If the following statement applies, adopt the statement by marking with an "X" and include an attachment.) _____ ("X"): This document contains the name and address of one or more additional incorporators.

6. *(If formed without common stock, mark here with an "X" and attach the statement required by Section 44-4-2.06(b)(5) of the OST Business Code):* _____ ("X").

(If formed with common stock, complete the following): The classes of shares and number of shares of each class that the cooperative is authorized to issue are as follows.

(If the following statement applies, adopt the statement by marking with an "X" and enter the number of shares.) _____ ("X"): The cooperative is authorized to issue _____ shares of common stock that shall have unlimited voting rights and are entitled to receive the net assets of the cooperative upon dissolution.

(If the following statement applies, adopt the statement by marking with an "X" and include an attachment.) _____ ("X"): Additional information is included in an attachment.

(Caution: At least one must be marked above. Both may be marked, if applicable.)

7. *(If the following statement applies, adopt the statement by marking with an "X" and include an attachment.)*

_____ ("X"): This document contains additional information as provided by law.

8. **(Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)** *(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)*

The delayed effective date and, if applicable, time of this document is/are

(mm/dd/yyyy hour:minute am/pm)

Notice: Causing this document to be delivered for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of subpart 2.4 of Chapter 44 of the Oglala Sioux Tribe Law and Order Code, the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that subpart, the constituent documents, and the organic statutes. This perjury notice applies to each individual who causes this document to be delivered to the Oglala Sioux Tribe, whether or not such individual is named in the document as one who has caused it to be delivered.

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9. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing:

(Last) (First) (Middle) (Suffix)

(Street name and number or Post Office Box information)

(City) (State) (ZIP/Postal Code)

(Province – if applicable) (Country)

(The document need not state the true name and address of more than one individual. However, if you wish to state the name and address of any additional individuals causing the document to be delivered for filing, mark below with an "X" and include an attachment stating the name and address of each such individuals.)

"X"

Disclaimer: This form, and any related instructions, are not intended to provide legal, business or tax advice, and are offered as a public service without representation or warranty. While this form is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form. Questions should be addressed to the user's attorney.