



FORM **252**

**ARTICLES OF ORGANIZATION
 UNINCORPORATED COOPERATIVE ASSOCIATION**

Sec. [193.215](#), Wis. Stats.

Executed by the undersigned for the purpose of forming a Wisconsin Unincorporated Cooperative Association under Ch. 193 of the Wisconsin Statutes:

Article 1. Name of the cooperative:

(Should include the term Cooperative, Co-operative or the abbreviation Coop. or Co-op.)

A. Name of Registered Agent in Wisconsin:
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B. Street address (in Wisconsin) of the registered office:		
The address of the registered office and the address of the business office of the registered agent are identical.		
Street:	PO Box:	
City:	State: WI	Zip Code:

C. The current mailing address of the cooperative:			
Street:		P.O. Box:	
City:	State:	Country:	Zip/Postal Code:

Article 2. Its term of existence shall be perpetual **OR** _____ (term in years).

Article 3. The purpose of this cooperative is:

Article 4. The cooperative is organized with capital stock **OR** without capital stock.

If the cooperative is organized with capital stock, enter the number of shares of stock and the par value per share below:

Number of Shares	Par value per share

Article 5. Other provisions (OPTIONAL):

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Article 6. Name and address of **each** organizer:

Name of Organizer:			
Street:		PO Box:	
City:	State:	Country:	Zip/Postal Code:

Name of Organizer:			
Street:		PO Box:	
City:	State:	Country:	Zip/Postal Code:

Executed on: _____

Signature of Organizer

Printed name of Organizer

This document was drafted by _____
(Name of individual who drafted the document)

Contact Information:

Name

Mailing Address

City	State	Zip Code
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Email Address	Phone Number
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INSTRUCTIONS (Ref. sec. [193.215](#), Wis. Stats. for document content)

Please use BLACK ink. Submit one original to State of WI-Dept. of Financial Institutions, Box 93348, Milwaukee WI, 53293-0348, together with a check for the filing fee, payable to the department. Please check box, and include additional \$25.00, if requesting optional expedited service. Filing fee is non-refundable. (If sent by Express or Priority U.S. mail, please mail to State of WI-Dept. of Financial Institutions, Division of Corporate and Consumer Services, 4822 Madison Yards Way, 4th Fl., North Tower, Madison WI, 53705.) This document can be made available in alternate formats upon request to qualifying individuals with disabilities. Upon filing, the information in this document becomes public and might be used for purposes other than those for which it was originally furnished. If you have any questions, please contact the Division of Corporate & Consumer Services at 608-261-7577, hearing-impaired may call 711 for TTY, or by email at DFICorporations@dfi.wisconsin.gov.

Filing Fee: \$25, if organized without capital stock. If organized with capital stock, \$1.25 for each \$1,000 of capital stock, or \$25, whichever is greater.

- Article 1. The name should include the term cooperative, co-operative or the abbreviation coop. or co-op.
- A. Enter the name of the registered agent in Wisconsin. The registered agent may be individual resident of this state whose business office is identical to the registered office, a domestic or foreign business entity authorized to transact business in this state, having an office identical to the registered office.
 - B. Enter the complete street address of the registered office. The address of the registered office must describe its physical location, i.e., street name, number, city (in Wisconsin) and ZIP code.
 - C. Enter the current mailing address of the cooperative.

Article 2. Indicate if the cooperative is to have perpetual existence. If no, indicate the number of years or the date it will terminate its existence.

Article 3. A purpose clause is required by sec. 193.215(2)(a)(2), Wis. Stats. Indicate the purpose of the cooperative.

Article 4. Indicate whether the cooperative is organized with or without capital stock. If it is organized with capital stock, state the number of shares and the par value per share.

Article 5. This space is provided for insertion of any other lawful provisions.

Article 6. Enter the name and address of each organizer. Additional organizers may be listed on a separate page. The document must be signed by one of the organizers specified in Article 6.

If the document is executed in Wisconsin, sec. 182.01(3) provides that it shall not be filed unless the name of the person (individual) who drafted it is printed, typewritten or stamped thereon in a legible manner. If the document is not executed in Wisconsin, enter that remark.