MINIMUM FEE: \$50.00 Fee is \$1.00 per \$1,000.00 On total Authorized Capital

PRINT CLEARLY

NUMBER OF SHARES

COMMON\_\_\_\_\_

PREFERRED\_\_\_\_\_

## CERTIFICATE OF INCORPORATION

	P.O. Box 580 Okmulgee, OK 74	4447					
	(918) 549-2607						
		urpose of forming a Muscogee o hereby execute the following	· ·	• •	rsuant to the provisions		
1.	The name of the corporation is:						
NOT	E: Please refer to th	ne procedure sheet for statuto	ry words require	ed to be included in	n the corporate name.)		
2. is:	The name of the re	egistered agent and the street ad	dress of the regist	ered office in the M	uscogee (Creek) Nation		
	Nama						
	Name	Street Address (P.O. BOXES ARE	City NOT ACCEPTA	County ABLE)	Zip Code		
3.			•	•	Zip Code		
3.		(P.O. BOXES ARE ne corporation is:	•	ABLE)	Zip Code		
3. 4.	The duration of the	(P.O. BOXES ARE ne corporation is:	NOT ACCEPTA	ABLE) nerwise stated)	Zip Code		

The aggregate number of shares which the corporation shall have the authority to issue, the designation of each

PAR VALUE PER SHARE

(Or, if without par value, so state)

class, the number of shares of each class, and the par value of the shares of each class are as follows:

**SERIES** 

(If any)

If the powers of the incorporator(s) are to terminate upon the filing of the certificate of incorporation, the names nailing addresses of the persons who are to serve as director(s):							
<u>NAME</u>	MAILING ADDRESS	<u>CITY</u>	<u>STATE</u>	ZIP CODE			
The name and mailing address of the undersigned incorporator(s):							
<u>NAME</u>	MAILING ADDRESS	<u>CITY</u>	<b>STATE</b>	ZIP CODE			
d and dated this _			TORS*				
	SIGN	SIGNATURE					
	SIGN	SIGNATURE					
	NAME  The name and  NAME	NAME MAILING ADDRESS  The name and mailing address of the undersigned NAME MAILING ADDRESS  MAILING ADDRESS  MAILING ADDRESS  d and dated this day of  *SIGNATURE OF AILING ADDRESS  SIGNATURE OF AILING ADDRESS	The name and mailing address of the undersigned incorporator(s):  NAME MAILING ADDRESS CITY  The name and mailing address of the undersigned incorporator(s):  NAME MAILING ADDRESS CITY  d and dated this day of,  *SIGNATURE OF ALL INCORPORA'  SIGNATURE	The name and mailing address of the undersigned incorporator(s):  NAME MAILING ADDRESS CITY STATE  The name and mailing address of the undersigned incorporator(s):  NAME MAILING ADDRESS CITY STATE  d and dated this day of  *SIGNATURE OF ALL INCORPORATORS*  SIGNATURE  SIGNATURE			