



Arkansas Secretary of State

John Thurston

State Capitol • Little Rock, AR 72201-1094
501-682-3409 • www.sos.arkansas.gov

Business & Commercial Services, 1401 W. Capitol, Suite 250, Little Rock, AR

APPLICATION FOR CERTIFICATE OF AUTHORITY FOR FOREIGN BENEFIT CORPORATION

Pursuant to the provisions of the Arkansas Business Corporation Act (Act 958 of 1987) and Arkansas Benefit Corporation Act (Act 1388 of 2013), the undersigned as the duly authorized and acting as president, secretary, treasurer, superintendent or managing agent in the State of Arkansas, of the foreign corporation named below (the "corporation") for which this statement is submitted, under oath hereby states:

1a. Name of Corporation: _____

b. Fictitious name to be used in Arkansas: _____

The corporation may use a fictitious name to transact business in Arkansas if its real name is unavailable and it delivers to the Secretary of State for filing a copy of the resolution of its board of directors, certified by its secretary, adopting a fictitious name.

2. Is this a benefit corporation? Yes No

3. The corporation has a purpose of creating a general public benefit. Yes No

The corporation has a specific public benefit. Yes No If so, specify: _____

4. The state, territory or foreign country under whose laws the corporation was incorporated: _____

Date Incorporated: _____ Period or Duration: _____

5. The nature of the business of the corporation and the object or purposes proposed to be transacted, promoted or carried on by it:

6. The address of the general office or place of business of the corporation in Arkansas is designated to be:

Physical Address: _____

City: _____ State: _____ Zip: _____ County: _____

7. The name and physical address of the registered agent of the corporation upon whom service of process is authorized to be made in Arkansas:

Name: _____

Physical Address: _____

City: _____ State: _____ Zip: _____ County: _____

8. The address of the general office or place of business of the corporation under whose laws the corporation was incorporated is:

Physical Address: _____

City: _____ State: _____ Zip: _____

9. The number and par value, if any, of the corporation's capital stock owned or to be owned by residents of Arkansas:

Number of Shares: _____

The par value of each share is: _____



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10. The name and physical address of the Initial Benefit Director:

Name: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

11. The name and physical address of the Initial Benefit Officer:

Name: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

12. The name, physical address, and contact information of the Tax Contact:

Name: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone Number: _____

13. The foreign corporation shall deliver with the completed application a certificate of existence (or document of similar import) duly authorized by the Secretary of State or other official having custody of corporate records in the state or country under whose laws it is incorporated. The certificate of existence (or document of similar import) must clearly indicate that the entity is a benefit corporation in the state under whose laws it is incorporated.

14. A filing fee of \$300.00 is submitted herewith in accordance with Act 958 of 1987.

Executed this _____ day of _____, 20_____

I understand that knowingly signing a false document with the intent to file with the Arkansas Secretary of State is a Class C misdemeanor and is punishable by a fine up to \$100.00 and/or imprisonment up to 30 days.

Signature

Title

Printed Name