

## **Arkansas Secretary of State**

### **John Thurston**

1401 W. Capitol Avenue, Suite 250, Little Rock, AR 72201 501-682-3409 • www.sos.arkansas.gov

#### **Application for Certificate of Authority**

(Please type or print)

Pursuant to the provisions of the *Act 958 of 1987* and *Arkansas Code Annotated § 4-27-1503*, the undersigned as the duly authorized and acting 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.	The name of the corporation is:					
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 a copy of the resolution of its board of directors, certified by its secretary, adopting a fictitious name.)					
2.	The state, territory or foreign country under whose laws the corporation was incorporated is:					
	Date Incorporated: Period of Duration:					
3.	The nature of the business of the corporation and the object or purposes to be transacted, promoted or carried on by it					
4.	The address of the general office or place of business of the corporation in Arkansas is designated to be:					
	(Street at Address)	(City)	(State)		(ZIP)	
5.	The name and address of the registered agent upon whom Service of Process is authorized to be made in Arkansas is:					
	(Name)	(Street at Address)	(City)	(State)	(ZIP)	
6.	The address of the general office or principal place of business of the corporation is:					
	(Street at Address)	(City)	(State)		(ZIP)	
7.	The number and par value, if any, of shares of the corporation's capital stock owned or to be owned by residents of Arkansas:					
	Number of shares: Par value of shares:					
8.	The name and title of at least one corporate officer (attach additional page, if needed)  Name  Title (President, Vice President, Secretary, Treasurer, Controller, etc.)				Controller, etc.)	
imp		all deliver with the completed Secretary of State or other o incorporated.				
10.	A filing fee of \$300.00 is s	submitted herewith in accorda	ince with A.C.A 4-27-12	22.		
11. Cla	I understand that knowing ss C misdemeanor and is	ly signing a false document v punishable by a fine up to \$1	vith the intent to file it v 00.00 and/or imprisonr	vith the Arkansas nent up to 30 day	Secretary of State is a	
	ness the hand executed ur	nder oath by the undersigned,	in behalf of the corpor	ation on this the <sub>-</sub>		
(Signature of Authorized Officer)			(Title of Authorized Officer)			



Authorized Officer (Type or Print)

# **Arkansas Secretary of State**

## **John Thurston**

1401 W. Capitol, Suite 250, Little Rock, AR 72201 501-682-3409 • www.sos.arkansas.gov

### **CORPORATE FRANCHISE TAX**

•	e its annual corporate franchise tax reporting form of the Secretary of State at the time of incorporation
Co	orporate name
	Contact person
	ontact person
Street address	or Post Office Box number
C	City, State, ZIP
Telephone number	E-mail address
Federal Tax ID	IRS link for obtaining a Federal Tax ID: https://www.irs.gov/businesses/small-businesses-self-employed/how-to-apply-for-an-ein
I affirm that franchise taxes are due by May	1st of the year following formation of this entity.
	ument with the intent to file with the Arkansas Secretary of State by a fine up to \$100.00 and/or imprisonment up to 30 days.

Authorized Signature of Incorporator, Officer or Agent for the Corporation