



Arkansas Secretary of State

500 Woodlane Avenue, Suite 256, 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 are: _____

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.) _____

9. 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.

10. A filing fee of \$300.00 is submitted herewith in accordance with A.C.A 4-27-122.

11. I understand that knowingly signing a false document with the intent to file it 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.

Witness the hand executed under oath by the undersigned in behalf of the corporation on this the _____ day of _____, _____.

(Signature of Authorized Officer)

(Title of Authorized Officer)



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CORPORATE FRANCHISE TAX

In order for this corporation to receive its annual corporate franchise tax reporting form, please complete and file with the office of the Secretary of State at the time of incorporation or qualification.

Corporate name

Contact person

Street address or Post Office Box number

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.

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.

Authorized Officer (Type or Print)

Authorized Signature of Incorporator, Officer or Agent for the Corporation