

## **Arkansas Secretary of State**

**Cole Jester** 

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.	2. The state, territory or foreign country under whose laws the corporation was incorporated is:						
	Date Incorporated:	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 g	he 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						le in Arkansas is:	
6.	<sub>(Name)</sub> The address of the g	(Street at Address) Jeneral office or principal pl	(City) ace of business of the co	<sup>(Stat</sup> ) (Stat	e)	(ZIP)	
	(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.)						
imp		on shall deliver with the co y the Secretary of State or s it is incorporated.					
10.	A filing fee of \$300.0	0 is submitted herewith in a	accordance with A.C.A 4	-27-122.			
		owingly signing a false docu nd is punishable by a fine u				etary of State is a	
	ness the hand execut / of	ed under oath by the unde ,	rsigned in behalf of the c	corporation on th	is the		

(Signature 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

IRS link for obtaining a Federal Tax ID: https://www.irs.gov/businesses/smallbusinesses-self-employed/how-to-apply-for-an-ein

Federal Tax ID

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)