



# 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 Registration of Foreign Business Trust

Pursuant to the provisions of Act 1366 of 1999 & Arkansas Code Annotated § 4-31-402 the undersigned, as the duly authorized and acting member or managing agent of the Foreign Business Trust for which this statement is submitted, under oath, does hereby state:

1a. The name of the Foreign Business Trust is: \_\_\_\_\_

1b. Assumed business name, if any: \_\_\_\_\_

2. The state, territory or foreign country under whose laws the Foreign Business Trust was organized is:  
\_\_\_\_\_

3. Physical location of principal office: \_\_\_\_\_

4. The name(s) and address(es) of the trustee(s) of the Foreign Business Trust is (are):

\_\_\_\_\_  
(Name or Names)

\_\_\_\_\_  
(Street Address) (City) (State) (ZIP Code)

\_\_\_\_\_  
(Name or Names)

\_\_\_\_\_  
(Street Address) (City) (State) (ZIP Code)

5a. The name and physical address of the registered agent for service:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street Address) (City) (State) (ZIP Code)

5b. Acknowledgment and acceptance of appointment MUST be signed. I hereby acknowledge and accept the appointment of registered agent for and on behalf of the above named Foreign Business Trust.

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.

\_\_\_\_\_  
Authorizing Officer (Type or Print)

\_\_\_\_\_  
(Authorized Signature)

6. A filing fee of \$300.00 is submitted herewith in accordance with Arkansas Code Annotated § 4-31-406.

IN WITNESS THEREOF, the undersigned has executed this application on this day of \_\_\_\_\_.

\_\_\_\_\_  
(Name of Foreign Business Trust)

\_\_\_\_\_  
(Trustee)

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn to before me, a Notary Public, this \_\_\_\_\_, day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public (Please apply seal at right)