



Arkansas Secretary of State

Cole Jester

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APPLICATION FOR FOREIGN COOPERATIVE SEEKING AUTHORIZATION TO DO BUSINESS IN ARKANSAS

The undersigned Foreign Cooperative submits the following:

1. The name of the cooperative is: _____

1b. If the cooperative is doing business in this state under another name, please state: _____

2. The state, territory, or foreign country under whose laws the cooperative was formed is:

3. The date of formation is: _____

4. The period of duration is: _____

5. The street address of its principal office or place of business is: _____

6. The name and street address of its registered agent for service of process in Arkansas is:

7. The names and business addresses of the cooperative's current directors and officers are:

8. Check the box if the cooperative has members.

Date: _____

Presiding Director or Officer

An original certified copy of the file from the state of origin, dated within the past six months, should accompany the application.