



Save time and money by filing your articles of incorporation online at www.kssos.org

All information on the articles of incorporation must be complete and accompanied by the correct filing fee or the document will not be accepted for filing.

- 1. **FILING FEE:** The filing fee for this document is **\$90**.
- 2. **PAYMENT:** Please enclose a check or money order payable to the Secretary of State. Articles received without the appropriate fee will not be accepted for filing. Please do not send cash. **Also, to expedite processing, please do not use staples on your documents or to attach checks.**
- 3. **CORPORATION NAME:** A word of incorporation must be included in the name per K.S.A. 17-6002. Kansas Statutes can be reviewed at www.kslegislature.org.
- 4. **RESIDENT AGENT:** The resident agent is a person or entity that is authorized to accept service of process (lawsuits) on behalf of the business entity. This does not necessarily mean that the agent himself/herself is being sued, but that he/she has the authority and responsibility to accept service of process on behalf of the business.
- 5. **REGISTERED OFFICE:** The registered office is the address where the resident agent is located.
- 6. **MAILING ADDRESS:** The mailing address is where you would like to receive official mail from the Secretary of State's office.
- 7. **STOCK:** You must have at least one share of stock. Number of shares can only be a numerical value.
- 8. **INCORPORATORS:** An incorporator can be either an individual or a business. This person or entity is responsible for the formation of the business created by this filing. The incorporator is not necessarily the owner and his/her role in the business may cease as soon as the filing is made.
- 9. **DIRECTORS:** The directors section (question 8) must be completed if the incorporator's power terminates once the document is filed.
- 10. **SIGNATURES:** If the incorporator is an individual, the signature must match exactly the name listed in the incorporator's section (question 7). If the incorporator is a business, the signature of an individual authorized to sign for the business would be required. Do not enter the business name in the signature field.

STAY UP-TO-DATE ON YOUR ORGANIZATION'S STATUS, ANNUAL REPORT DUE DATE AND CONTACT ADDRESSES BY GOING TO WWW.KSSOS.ORG. UNDER QUICK LINKS, SELECT SEARCH BUSINESS ENTITY INFORMATION.

NOTICE: *There is a \$25 service fee for all checks returned by your financial institution. All information must be completed or this document will not be accepted for filing.*

CF**51-01**

KANSAS SECRETARY OF STATE

**For-Profit Articles
of Incorporation****CONTACT: Kansas Secretary of State, Chris Biggs**Memorial Hall, 1st Floor
120 S.W. 10th Avenue
Topeka, KS 66612-1594(785) 296-4564
kssos@kssos.org
www.kssos.org*Above space is for office use only.***INSTRUCTIONS:** *All information must be completed or this document will not be accepted for filing.
Please read instructions sheet before completing.*

1. Name of the corporation:													
2. Name of the resident agent and address of the registered office in Kansas: <i>Address must be a street address A P.O. box is unacceptable</i>	<table border="0"> <tr> <td><i>Name</i></td> <td colspan="3"><i>Street Address</i></td> </tr> <tr> <td></td> <td><i>Kansas</i></td> <td></td> <td></td> </tr> <tr> <td><i>City</i></td> <td><i>State</i></td> <td><i>Zip</i></td> <td></td> </tr> </table>	<i>Name</i>	<i>Street Address</i>				<i>Kansas</i>			<i>City</i>	<i>State</i>	<i>Zip</i>	
<i>Name</i>	<i>Street Address</i>												
	<i>Kansas</i>												
<i>City</i>	<i>State</i>	<i>Zip</i>											
3. Mailing address: <i>Address will be used to send official mail from the Secretary of State's office</i>	<table border="0"> <tr> <td><i>Attention Name</i></td> <td colspan="3"><i>Address</i></td> </tr> <tr> <td><i>City</i></td> <td><i>State</i></td> <td><i>Zip</i></td> <td><i>Country</i></td> </tr> </table>	<i>Attention Name</i>	<i>Address</i>			<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Country</i>				
<i>Attention Name</i>	<i>Address</i>												
<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Country</i>										
4. Tax closing month:													
5. Nature of corporation's business or purpose:													
6. Total number of shares that this corporation is authorized to issue:	<p>_____ shares of _____ stock, class _____ par value of _____ dollars each</p> <p>_____ shares of _____ stock, class _____ par value of _____ dollars each</p> <p>_____ shares of _____ stock, class _____ without nominal or par value</p> <p>_____ shares of _____ stock, class _____ without nominal or par value</p> <p><i>*If applicable, state any designations, powers, rights, limitations or restrictions applicable to any class or any special grant of authority to be given to the board of directors:</i></p>												

7. Name and mailing address of each incorporator:

Do not leave blank

If additional space is needed please provide an attachment

1) _____
Name

_____ *Mailing address* _____ *City* _____ *State* _____ *Zip* _____ *Country*

2) _____
Name

_____ *Mailing address* _____ *City* _____ *State* _____ *Zip* _____ *Country*

3) _____
Name

_____ *Mailing address* _____ *City* _____ *State* _____ *Zip* _____ *Country*

8. Name and mailing address of the board of directors:

This must be completed if the incorporator's power terminates once this document is filed

If additional space is needed please provide an attachment

1) _____
Name

_____ *Mailing address* _____ *City* _____ *State* _____ *Zip* _____ *Country*

2) _____
Name

_____ *Mailing address* _____ *City* _____ *State* _____ *Zip* _____ *Country*

3) _____
Name

_____ *Mailing address* _____ *City* _____ *State* _____ *Zip* _____ *Country*

9. Duration of the corporation:

Perpetual

Date the corporation will cease _____
Month Day Year

10. Effective date:

A future effective date must be within 90 days of filing date

Upon filing

Future effective date _____
Month Day Year

11. I/We declare under penalty of perjury pursuant to the laws of the state of Kansas that the foregoing is true and correct and that I/we have remitted the required fee. *Signatures must correspond exactly to the names of the incorporators listed in number 7.*

Signature of incorporator _____ *Date (month, day, year)*

Signature of incorporator _____ *Date (month, day, year)*

Signature of incorporator _____ *Date (month, day, year)*