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. **INCLUDE AN ORIGINAL CERTIFICATE FROM THE REGULATORY BOARD:** The certificate must be issued by the State regulatory board for each incorporator stating that they are licensed and that the business entity name is approved.

4. **CORPORATION NAME:** A word of incorporation must be included in the name per K.S.A. 17-2711. Permitted words of incorporation are “P.A.”, “Professional Association”, or “Chartered”. “P.C. and “Chtd.” are **not** permitted. Kansas Statutes can be reviewed at www.kslegislature.org.

5. **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.

6. **REGISTERED OFFICE:** The registered office is the address where the resident agent is located.

7. **MAILING ADDRESS:** The mailing address is where you would like to receive official mail from the Secretary of State’s office.

8. **PURPOSE:** Must include a specific professional purpose (ex. Practice of Medicine).

9. **STOCK:** You must have at least one share of stock. Number of shares can only be a numerical value.

10. **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.

11. **DIRECTORS:** The directors section (question 8) must be completed if the incorporator’s power terminates once the document is filed.

12. **SIGNATURES:** The signature(s) of the incorporator(s) must match those of the licensee(s) as listed on the certificate from the State regulatory board.

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**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.
**KANSAS SECRETARY OF STATE**

**Professional Association Articles of Incorporation**

**CONTACT:** Kansas Office of the Secretary of State  
Memorial Hall, 1st Floor  
120 S.W. 10th Avenue  
Topeka, KS 66612-1594  
(785) 296-4564  
kssos@sos.ks.gov  
www.sos.ks.gov

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**INSTRUCTIONS:** All information must be completed or this document will not be accepted for filing.  
Please read instructions sheet before completing.

<table>
<thead>
<tr>
<th>1. Name of the corporation:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 2. Name of the resident agent and address of the registered office in Kansas:  
Address must be a street address  
A P.O. box is unacceptable |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Street Address</td>
</tr>
<tr>
<td>City</td>
<td>Kansas</td>
</tr>
<tr>
<td></td>
<td>State</td>
</tr>
<tr>
<td></td>
<td>Zip</td>
</tr>
</tbody>
</table>

| 3. Mailing address:  
Address will be used to send official mail from the Secretary of State’s office |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Attention Name</td>
<td>Address</td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td></td>
<td>Zip</td>
</tr>
<tr>
<td></td>
<td>Country</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Tax closing month:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>5. State the professional purpose:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

| 6. Total number of shares that this corporation is authorized to issue:  
*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: |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Shares of stock, class, par value, dollars each</td>
<td></td>
</tr>
<tr>
<td>Shares of stock, class, par value, dollars each</td>
<td></td>
</tr>
<tr>
<td>Shares of stock, class without nominal or par value</td>
<td></td>
</tr>
<tr>
<td>Shares of stock, class without nominal or par value</td>
<td></td>
</tr>
</tbody>
</table>
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:
    □ 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)