

Please  
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KANSAS SECRETARY OF STATE  
**Public Benefit Corporation**  
**Articles of Incorporation, Kansas**

# GENERAL FILING INSTRUCTIONS

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.

Stay up-to-date on your organization's status, annual report due date and contact addresses by going to <https://sos.ks.gov>.

|   |   |
|---|---|
| <b>Filing fee</b>                       | The filing fee for this document is <b>\$90</b> .   |
| <b>Payment</b>                          | <p>Please submit payment by check, money order, or credit card. Checks and money orders need to be made payable to the Secretary of State. Forms received without the appropriate fee will not be accepted for filing. <b>Please do not send cash.</b></p> <p>Visa, MasterCard, Discover, and American Express are accepted. To use a credit card, please provide the following information:</p> <p><b>Credit card number</b> _____</p> <p><b>Billing zip code</b> _____ <b>Expiration date</b> _____</p> <p><b>NOTICE: There is a \$25 service fee for all returned checks.</b></p>  |
| <b>Daytime phone and contact person</b> | _____   |
| <b>Fax filing available</b>             | <p>Documents may be fax filed for a processing fee of <b>\$20 in addition</b> to the normal filing fee. Include contact name, daytime phone number, credit card number, credit card expiration date and billing zip code.</p> <p>Fax documents and payment information to <b>Business Services, 785-296-4570</b>. Faxed documents that are without errors and received prior to 4:00 p.m. CT will receive that day's file date. Faxed documents received after 4:00 pm Central Time cannot be guaranteed to receive that day's filing date.</p> <p>Filed documents will be returned by mail. You may request a file-stamped copy be faxed for an additional \$1 per page. Fax filing does not guarantee same day return faxing.</p> |
| <b>No duplicate copies</b>              | Please do not send duplicate copies of your document. The original is processed, and returned to you by mail.   |
| <b>No email</b>                         | We cannot accept any filings by email, except for the MA mailing address change form.   |
| <b>No filing by phone</b>               | No documents or reports can be filed with our office by phone.  |
| <b>Public Information</b>               | All documents filed with our office are available to the public and may be viewed online at <a href="http://www.sos.ks.gov">www.sos.ks.gov</a> without cost. Please consider this when providing information on our forms. Instructions and payment information are not public information and are shredded after use.  |

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# PBC FORM INSTRUCTIONS

**Note:** A public benefit corporation is a for-profit corporation organized under and subject to the requirements of the Kansas general corporation code that is intended to produce a public benefit or public benefits and to operate in a responsible and sustainable manner. To that end, a public benefit corporation shall be managed in a manner that balances the stockholders' pecuniary interests, the best interests of those materially affected by the corporation's conduct and the public benefit or public benefits identified in its articles or incorporation.

"Public benefit" means a positive effect, or reduction of negative effects, on one or more categories of persons, entities, communities or interests, other than stockholders in their capacities as stockholders, included, but not limited to, effects of an artistic, charitable, cultural, economic, educational, environmental, literary, medical, religious, scientific or technological nature.

### Question on Form

|                            |   |
|----------------------------|---|
| <b>1. Corporation name</b> | <p>The name of a public benefit corporation shall contain either or both of one of the words, abbreviations or designations in K.S.A. 17-7919(a) or:</p> <ol style="list-style-type: none"> <li>1. The words "public benefit corporation";</li> <li>2. the abbreviation "P.B.C.";</li> <li>3. the designation "PBC"; or</li> <li>4. words or abbreviations of like import in other languages if they are written in Roman characters or letters.</li> </ol> <p>Kansas statutes can be reviewed at <a href="http://www.ksrevisor.org">www.ksrevisor.org</a>.</p> |
| <b>3. Resident agent</b>   | <p>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 is being sued, but that the agent has the authority and responsibility to accept service of process on behalf of the business entity.</p>  |
| <b>Registered office</b>   | <p>The registered office is the physical address where the resident agent is located.</p>   |
| <b>7. Stock</b>            | <p>Number of shares can only be a numerical value. Prior to issuing unissued shares of stock or disposing of treasury shares, the corporation shall provide notice to any person to whom such stock is issued or who acquires such treasury shares that it is a public benefit corporation.</p>   |
| <b>8. Incorporator(s)</b>  | <p>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.</p>  |
| <b>9. Directors</b>        | <p>The directors' section must be completed if the incorporator's power terminates once the document is filed.</p>  |
| <b>10. Signature(s)</b>    | <p>If the incorporator is an individual, the signature must match exactly the name listed in the incorporator's section (question 8). 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.</p>   |

**Effective date:** Any document that is required by this act to be filed with the Secretary of State shall be effective upon its filing date. Any document may provide that it is not to become effective until a specified date subsequent to its filing date, but such date shall not be later than 90 days after its filing date.

If you wish to include a future effective date for your corporation's application that is not more than 90 days after filing with the Secretary of State, please add the following information at the bottom of the PBC form under Item 9 (signature section):

"Effective Date: \_\_\_/\_\_\_/\_\_\_."

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Public Benefit Corporation  
Articles of Incorporation, Kansas**

Memorial Hall, 1st Floor  
120 S.W. 10th Avenue  
Topeka, KS 66612-1594

(785) 296-4564  
kssos@ks.gov  
https://sos.ks.gov

51-35  
THIS SPACE FOR OFFICE USE ONLY.

**1. Name of corporation:**

[Empty text box for corporation name]

**2. This is a public benefit corporation pursuant to K.S.A. 17-72a02(a)(2).**

**3. Name of resident agent and address of registered office in Kansas:**

Must be a street, rural route, or highway. A P.O. box is unacceptable.

|                |                    |     |
|----------------|--------------------|-----|
| Name           |                    |     |
| Street Address |                    |     |
| City           | State<br><b>KS</b> | Zip |

**4. Mailing address:**

Address will be used to send official mail from the Secretary of State's Office.

|                |       |     |         |
|----------------|-------|-----|---------|
| Attention Name |       |     |         |
| Address        |       |     |         |
| City           | State | Zip | Country |

**5. Tax closing month:**

(December is default)

[Empty text box for tax closing month]

**6. Nature of corporation's business or purpose, and one or more specific public benefits to be promoted:**

[Empty text box for business purpose]

**7. Total number of shares corporation is authorized to issue:**

| Shares | Stock | Class | Par Value                    |
|--------|-------|-------|------------------------------|
|        |       |       | /ea.                         |
|        |       |       | /ea.                         |
|        |       |       | Without Nominal or Par Value |
|        |       |       | Without Nominal or Par Value |

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.

**8. Name and mailing address of each incorporator:**

Do not leave blank. If additional space is needed, please provide attachment.

|         |       |     |         |
|---------|-------|-----|---------|
| Name    |       |     |         |
| Address |       |     |         |
| City    | State | Zip | Country |
| Name    |       |     |         |
| Address |       |     |         |
| City    | State | Zip | Country |

**9. Name and mailing address of each member of board of directors:**

This must be completed if incorporator's power terminates once document is filed. If additional space is needed, please provide attachment.

|         |       |     |         |
|---------|-------|-----|---------|
| Name    |       |     |         |
| Address |       |     |         |
| City    | State | Zip | Country |
| Name    |       |     |         |
| Address |       |     |         |
| City    | State | Zip | Country |

**10. I/We declare under penalty of perjury pursuant to the laws of the state of Kansas that the foregoing is true and correct.**

(Signatures must correspond exactly to names of incorporators listed in Question 8.)

Signature of Incorporator

X

Signature of Incorporator

X