



State of Missouri
John R. Ashcroft, Secretary of State

Corporations Division
 PO Box 778 / 600 W. Main St., Rm. 322
 Jefferson City, MO 65102

**Application for Certificate of Authority
 For a Foreign For-Profit Corporation**
(Submit with filing fee of \$155.00)

1. The corporation's name is _____
 and it is organized and existing under the laws of _____

2. The name it will use in Missouri is _____

3. The date of its incorporation was _____, and the period of its duration is _____
month/day/year

4. The address of its principal place of business is _____
Address City/State/Zip

5. The name and physical address of its registered agent and office in the State of Missouri is _____
Name Address City/State/Zip

6. The specific purpose(s) of its business in Missouri are:

7. The name of its officers and directors and their business addresses are as follows:

Officers	<i>Name</i>	<i>Address</i>	<i>City/State/Zip</i>
President	_____	_____	_____
Vice President	_____	_____	_____
Secretary	_____	_____	_____
Treasurer	_____	_____	_____

Board of Directors

- Director _____
- Director _____
- Director _____
- Director _____
- Director _____

(Please see next page)

Name and address to return filed document:

Name: _____

Address: _____

City, State, and Zip Code: _____

9. The effective date of this document is the date it is filed by the Secretary of State of Missouri unless a future date is otherwise indicated: _____

(Date may not be more than 90 days after the filing date in this office)

In Affirmation thereof, the facts stated above are true and correct:

(The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 575.040, RSMo)

Must be an Officer or Chairman listed in #7

Printed Name

Title

Date

Note: A current (not more than 60 days old) original certificate of good standing or certificate of existence must be submitted with this application. This may be obtained from the Secretary of State or other authority that issues corporate charters in the state of domicile.