

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

## Application for Certificate of Authority of a Foreign Nonprofit Corporation

(Submit with filing fee of \$25.00)

| 1.  | The Corporation's name is   |                            |                |  |  |  |  |
|---|---|----------------------------|----------------|--|--|--|--|
|   | and it is organized and existing under the laws of _  |                            |                |  |  |  |  |
| 2.  | If the corporation's name is unavailable, the name is   | at will use in Missouri is |                |  |  |  |  |
| 3.  | ne date of its incorporation was, and the period of its duration is   |                            |                |  |  |  |  |
| 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.  | 6. The names of its officers and directors and their business or home addresses are as follows (attach additional sheets as necessary |                            |                |  |  |  |  |
|   | Name  | Address                    | City/State/Zip |  |  |  |  |
|   | President   |                            |                |  |  |  |  |
|   | Vice President  |                            |                |  |  |  |  |
|   | Secretary   |                            |                |  |  |  |  |
|   | Treasurer   |                            |                |  |  |  |  |
|   | Director  |                            |                |  |  |  |  |
|   | Director  |                            |                |  |  |  |  |
| 7. The specific purpose(s) of its business in Missouri: |   |                            |                |  |  |  |  |
|   | (Please see next page)  |                            |                |  |  |  |  |
| ı   | Name and address to return filed document:  |                            |                |  |  |  |  |
| 1   | Name:   |                            |                |  |  |  |  |
| A   | Address:  |                            |                |  |  |  |  |
| 1   | City State and Zin Code:  |                            |                |  |  |  |  |

| 8. Does the corporation have members? Yes N  | o                           |                                    |                      |  |  |  |
|--|-----------------------------|------------------------------------|----------------------|--|--|--|
| 9. If incorporated in Missouri would the corporation be  | a public benefit            | or mutual benefit                  | Corporation?         |  |  |  |
| 10. The effective date of this document is the date it i   | s filed by the Secretary of | of State of Missouri unless a futu | re 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) |                             |                                    |                      |  |  |  |
| Authorized signature of officer or chairman of the board   | Printed Name                | Title                              | Date                 |  |  |  |

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