



ARTICLES OF INCORPORATION DOMESTIC CORPORATION

State Form 4159 (R26 / 01-26)

Diego Morales
SECRETARY OF STATE
BUSINESS SERVICES DIVISION
 302 West Washington Street, Room E018
 Indianapolis, IN 46204
 Telephone: (317) 234-9768
INBiz.in.gov

- INSTRUCTIONS:**
1. Use 8½" x 11" white paper for attachments.
 2. Please **TYPE** or **PRINT LEGIBLY** in **INK**. Print all forms single sided.
 3. For additional forms please visit in.gov/sos/business/division-forms
 4. Make check or money order payable to the Secretary of State.
 5. Submit original completed paperwork and payment to: 302 West Washington Street, Room E-018, Indianapolis, IN 46204.

REQUIREMENTS: Professional Corporations must complete the professional license information below.

INFORMATION CONTAINED ON THIS PAGE IS NOT PART OF THE PUBLIC RECORD.

Name of business
E-mail address of business (SOS use only)

RETURN DOCUMENTS TO:

Name		
Street address, line 1		
Street address, line 2		
City	State	ZIP code
Telephone number ()	E-mail address (If different from above – SOS use only)	

FOR PROFESSIONAL CORPORATIONS ONLY

Please complete the following section so the Indiana Secretary of State can verify licensing information.
 Information for only one shareholder is required.

Name	Address (number and street, city, state, and ZIP code)	Profession	Indiana License Number	Status
				Shareholder
				Shareholder
				Shareholder
				Shareholder
				Shareholder





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Indiana Code 23-1-21-2
23-1.3-4-2
23-1.5-1-1
23-0.5-9-1
23-1.5-2-3

FILING FEE: \$100.00

ARTICLES OF INCORPORATION

The undersigned, desiring to form

- ☐ a for-profit corporation, pursuant to the Indiana Business Corporation Law,
☐ a benefit corporation, pursuant to the Indiana Benefit Corporation Act,
☐ a professional corporation, pursuant to the Indiana Professional Corporation Act 1983, executes the following Articles of Incorporation:

ARTICLE I – NAME AND PRINCIPAL OFFICE

Name of the Corporation: *(The name must include the word Corporation, Incorporated, Limited, Company or an abbreviation thereof.)*

- ☐ All business is conducted remotely from a governing person's residence, and the principal office address is a contact address.
(If you check this box, leave the following line blank and include State Form 9900382 with your filing)

Address of Principal Office <i>(number and street)</i>	City	State	ZIP code
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ARTICLE II – REGISTERED AGENT INFORMATION

To determine if your Registered Agent is a Commercial Registered Agent (CRA), go to INBIZ.in.gov.

Provide either commercial registered agent or noncommercial registered agent information below.

<input type="checkbox"/> Commercial registered agent	Name of registered agent <i>(Do not provide address.)</i>
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OR

<input type="checkbox"/> Noncommercial registered agent	Name of registered agent
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Address <i>(number and street)</i>	City	State IN	ZIP code
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(OPTIONAL) E-mail address of the registered agent at which the registered agent will accept electronic service of process

- ☐ By checking the box, the Signator(s) represent(s) that the Registered Agent named in these Articles of Incorporation has consented to the appointment of Registered Agent.

ARTICLE III – AUTHORIZED SHARES

Number of shares the Corporation is authorized to issue: _____

If there is more than one class of shares, shares with rights and preferences, list such information as "Exhibit A."

ARTICLE IV – INCORPORATORS *(INCORPORATORS MAY NEVER BE AMENDED.)*

Name	Number and Street or Building	City	State	ZIP code
<input type="checkbox"/> The address listed for this Incorporator is a Commercial Mail Receiving Agency address. <i>(If you check this box, include State Form 9900382 with your filing)</i>		PMB #		
<input type="checkbox"/> The address listed for this Incorporator is a Commercial Mail Receiving Agency address. <i>(If you check this box, include State Form 9900382 with your filing)</i>		PMB #		
<input type="checkbox"/> The address listed for this Incorporator is a Commercial Mail Receiving Agency address. <i>(If you check this box, include State Form 9900382 with your filing)</i>		PMB #		
<input type="checkbox"/> The address listed for this Incorporator is a Commercial Mail Receiving Agency address. <i>(If you check this box, include State Form 9900382 with your filing)</i>		PMB #		

SIGNATURE

In Witness Whereof, the undersigned _____ of said Corporation signs these Articles of
(Title)
Incorporation and verifies, subject to penalties of perjury, that the statements contained herein are true,
this _____ day of _____, 20____.

Signature

Printed name