



**ARTICLES OF CONVERSION
FOREIGN ENTITY CONVERTING
TO INDIANA CORPORATION**

State Form 57409 (R6 / 01-26)
Approved by State Board of Accounts, 2024

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.

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)	





ARTICLES OF CONVERSION FOREIGN ENTITY CONVERTING TO INDIANA CORPORATION

State Form 57409 (R6 / 01-26)

Approved by State Board of Accounts, 2024

Indiana Code 23-0.5-9-49
23-0.6-4-5

FILING FEE: \$30.00

The undersigned, desiring to convert a foreign entity pursuant to the provisions of Indiana Code 23-0.6-4, executes the following Articles of Conversion.

ARTICLE I – NAME AND JURISDICTION OF ENTITY

SECTION 1: Name of the entity (*The name must meet the requirements of Indiana Code 23-0.5-3-1.*)

a. The name of the entity immediately before filing these Articles of Conversion

b. The name of the entity immediately after filing these Articles of Conversion

SECTION 2: Entity type (*Example: corporation, limited liability company, etc.*)

a. The entity type of the entity immediately before filing these Articles of Conversion

b. The entity type of the entity immediately after filing these Articles of Conversion

SECTION 3: Jurisdiction

a. The jurisdiction of formation of the entity immediately before filing these Articles of Conversion

b. The jurisdiction of formation of the entity immediately after filing these Articles of Conversion

Indiana

ARTICLE II – EFFECTIVE DATE

Effective date of the Articles of Conversion (*month, day, year*) (*The effective date may not be more than ninety (90) days after the date the Articles of Conversion were filed.*)

ARTICLE III – PUBLIC ORGANIC RECORD

The public organic record is attached as Exhibit A.

ARTICLE IV – APPROVAL

☐ This conversion was approved in accordance with the law of the entity's jurisdiction of formation.

In Witness Whereof, the undersigned duly authorized representative of the entity executes these Articles of Conversion and verifies, subject to penalties of perjury, that the statements contained herein are true, this _____ day of _____, 20____.

Signature

Printed name

Title

Public Organic Record- Exhibit A

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

- ☐ 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)

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

Address of Principal Office (number and street)

City

State

ZIP code

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.

☐ Commercial registered agent

Name of registered agent (Do not provide address.)

OR

☐ Noncommercial registered agent

Name of registered agent

Address (number and street)

City

State

IN

ZIP code

(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. (If you check this box, include State Form 9900382 with your filing)		PMB #		
<input type="checkbox"/> The address listed for this Incorporator is a Commercial Mail Receiving Agency address. (If you check this box, include State Form 9900382 with your filing)		PMB #		
<input type="checkbox"/> The address listed for this Incorporator is a Commercial Mail Receiving Agency address. (If you check this box, include State Form 9900382 with your filing)		PMB #		
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