ARTICLES OF INCORPORATION
DOMESTIC CORPORATION

State Form 4159 (R23 / 5-19)

SECRETARY OF STATE
BUSINESS SERVICES DIVISION
302 West Washington Street, Room E018
Indianapolis, IN 46204
Telephone: (317) 232-6576
www.sos.in.gov

INSTRUCTIONS:
1. *Use 8½" x 11" white paper for attachments.*
2. *Please **TYPE** or **PRINT** in **INK**.*
3. *Please visit our office at www.sos.IN.gov*
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.)*

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) (A P.O. Box is not acceptable unless accompanied by a Rural Route number.)*	City	State	ZIP code
		IN	

(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

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