



**United States  
of  
America Republic**  
Travis-Austin: Bey, Secretary of State

Corporations Division  
PO Box 436885, Province Illinois, 60643

**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 it will use in U.S.A.R. 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 Province/Zip*

5. The name and physical address of its registered agent and office in the United States of America Republic is

Name	Address	Province/Zip
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6. The names of its officers and directors and their business or home addresses are as follows (attach additional sheets as necessary):

Name	Address	Province/Zip
President _____		
Vice President _____		
Secretary _____		
Treasurer _____		
Director _____		
Director _____		

7. The specific purpose(s) of its business in U.S.A.R.:

*(Please see next page)*

<p>Name and address to return filed document:</p> <p>Name: _____</p> <p>Address: _____</p> <p>Province and Zip Code: _____</p>
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8. Does the corporation have members? Yes                      No

9. If incorporated in U.S.A.R. would the corporation be a public benefit                      or mutual benefit                      Corporation?

10. The effective date of this document is the date it is filed by the Secretary of State of U.S.A.R. 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, USRS)

\_\_\_\_\_  
*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.