



APPLICATION FOR CERTIFICATE OF AUTHORITY OF A FOREIGN NONPROFIT CORPORATION TO TRANSACTION BUSINESS IN THE STATE OF INDIANA

State Form 37035 (R9 / 5-14) / Corporate Form No. 364-4
Approved by State Board of Accounts, 2014

CONNIE LAWSON
SECRETARY OF STATE
BUSINESS SERVICES DIVISION
302 W. Washington Street, E018
Indianapolis, IN 46204
Telephone: (317) 232-6576

- INSTRUCTIONS:**
1. Use 8 1/2" x 11" white paper for attachments.
 2. Present original and one copy to address in the upper right corner of this form.
 3. Please TYPE or PRINT in INK.
 4. Please visit our office at www.sos.in.gov.
 5. Make check or money order payable to Secretary of State.

Indiana Code 23-17-26-1

FILING FEE IS \$30.00

- NOTES:**
1. Applicant must submit a certificate of existence issued the proper authority within the last sixty (60) days.
 2. If using a fictitious name, a copy of the resolution must accompany this filing. See Indiana Code 23-17-26-6(a)(2).

APPLICATION FOR CERTIFICATE OF AUTHORITY OF

A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE STATE OF INDIANA.

The undersigned officer desiring to effectuate the admittance of the above Corporation transaction business in the State of Indiana, Certifies the following facts:

ARTICLE I - NAME

Fictitious Name (Only used if name in the application is not available in Indiana.) (See Note 2 above.)

ARTICLE II - PRINCIPAL OFFICE

| | | | |
|---|------|-------|----------|
| Address of Principal Office (number and street) | City | State | ZIP code |
|---|------|-------|----------|

ARTICLE III - REGISTERED OFFICE AND REGISTERED AGENT

Name of Registered Agent (Cannot be corporation itself.)

| | | | |
|---|------|-----------|----------|
| Address of Registered Agent (number and street) (PO Box not accepted) | City | State | ZIP code |
| | | IN | |

Required:

- By checking the box, the Signator(s) represents that the registered agent named in the application has consented to the appointment of registered agent.

ARTICLE IV - DATE OF INCORPORATION AND DURATION OF EXISTENCE

| | |
|---|-------|
| The date of incorporation in domiciliary state (month, day, year) | State |
|---|-------|

The Corporation is perpetual until dissolution.
OR
 The latest date upon which the Corporation is to dissolve (month, day, year): _____

ARTICLE V - TYPE OF CORPORATION (CHECK ONLY ONE)

If the Corporation had been incorporated in Indiana, it would be a:

public benefit corporation, which is organized for a public or charitable purpose;

religious corporation, which is organized primarily or exclusively for religious purposes; or

mutual benefit corporation (all others).

(Continued on the reverse side.)

ARTICLE VI - CORPORATE OFFICERS

List the names and business addresses of the officers of the Corporation.

| Name | Title | Address (number and street, city, and state and ZIP code) |
|------|-------|---|
| | | |
| | | |
| | | |
| | | |

Please attach additional sheets if necessary.

ARTICLE VII - BOARD OF DIRECTORS

The names and business addresses of the Board of Directors of the Corporation are as follows:

By checking the box, the Signator(s) represents that the Corporation named in Article 1 is not required to have a Board of Directors in its domiciliary state.

| Name | Address (number and street, city, and state and ZIP code) |
|------|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Please attach additional sheets if necessary.

ARTICLE VIII

Indicate whether the Corporation has members. Yes No members

SIGNATURE

In witness whereof, the undersigned being the _____ of said Corporation signs this
Application for Certificate of Authority, and verifies subject to penalties of perjury, that the facts contained herein are true this
day of _____, 20 _____.

| | |
|-----------|--------------|
| Signature | Printed name |
|-----------|--------------|