



# APPLICATION FOR CERTIFICATE OF AUTHORITY OF A FOREIGN CORPORATION

State Form 38784 (R12 / 5-14) Corporate Form 112  
Approved by State Board of Accounts, 2014

**CONNIE LAWSON**  
**SECRETARY OF STATE**  
**BUSINESS SERVICES DIVISION**  
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- 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](http://www.sos.in.gov).
  5. Make check or money order payable to Secretary of State.

Indiana Code 23-1-49-1  
23-1-49-3

**FILING FEE: \$90.00**

- NOTES:**
1. Applicant must submit a certificate of existence issued by 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 23-1-49-6(a)(2).

## APPLICATION FOR CERTIFICATE OF AUTHORITY OF

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

The undersigned officer of the above corporation which was formed as:

- A general business corporation       A professional corporation (*must include a Certificate of Registration.*)

desiring to effectuate the admittance of the above Corporation transact 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

Address of Principal Office ( <i>number and street</i> )	City	State	ZIP code

### ARTICLE III - REGISTERED OFFICE AND REGISTERED AGENT

Name of Registered Agent ( <i>Cannot be the corporation itself</i> )			
Address of Registered Office ( <i>number and street</i> ) ( <b>PO Box not accepted</b> )	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 AND STATE OF INCORPORATION AND DURATION OF EXISTENCE

The date of incorporation in domicilliary state ( <i>month, day, year</i> )	State of incorporation

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

**ARTICLE V - CORPORATE OFFICERS**

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

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

*Please attach additional sheets if necessary.*

**ARTICLE VI - 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, state, and ZIP code)

*Please attach additional sheets if necessary.*

**SIGNATURE**

In witness whereof, the undersigned being the \_\_\_\_\_ of said Corporation signs  
*(Title: Officer or Chairman or Board)*  
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
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