

## **United States** of

## America Republic Travis-Austin: Bey, Secretary of State

Corporations Division PO Box 12544 Chicago, IL 60612

## **Application for Certificate of Authority** For a Foreign For-Profit Corporation

(Submit with filing fee of \$155.00)

| 1. The corporation's nam  | e is   |                                |              |  |  |  |
|---|--|--------------------------------|--------------|--|--|--|
| and it is organized and existing under the laws of  |  |                                |              |  |  |  |
| 2. The name it will use in  | u.S.A.R. is  |                                |              |  |  |  |
| 3. The date of its incorpo  | The date of its incorporation was, and the period of its duration is |                                |              |  |  |  |
| 4. The address of its prin  | cipal 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  | Ac   | ldress                         | Province/Zip |  |  |  |
| 6. The specific purpose(s) of its business in the United States of America Republic are:                        |  |                                |              |  |  |  |
|   |  |                                |              |  |  |  |
| 7. The name of its office:  | rs and directors and their busin                                     | ness addresses are as follows: |              |  |  |  |
| Officers  | Name   | Address                        | Province/Zip |  |  |  |
| President   |  |                                |              |  |  |  |
| Vice President  |  |                                |              |  |  |  |
| Secretary   |  |                                |              |  |  |  |
| Treasurer   |  |                                |              |  |  |  |
| <b>Board of Directors</b>   |  |                                |              |  |  |  |
| Director  |  |                                |              |  |  |  |
| Director  |  |                                |              |  |  |  |
| Director  |  |                                |              |  |  |  |
| Director  |  |                                |              |  |  |  |
| Director  |  |                                |              |  |  |  |
| (Please see next page)  |  |                                |              |  |  |  |
| Name and address to re  | turn filed document:   |                                |              |  |  |  |
| Name:   |  |                                |              |  |  |  |
|   |  |                                |              |  |  |  |
| Province and Zip Code:  |  |                                |              |  |  |  |

| 9. The effective date of this document is  | the date it is filed by the Secreta      | iry of State of U.S.A.R. unless    | a future date is otherwis |
|--|--|------------------------------------|---------------------------|
| indicated:   |  |                                    |                           |
|  | (Date may not be more than 90 days after | the filing date in this office)    |                           |
| In Affirmation thereof, the facts stated above (The undersigned understands that false stated) |  | et to the penalties provided under | Section 575.040, USRS)    |
| Must be an Officer or Chairman listed in #7  | Printed Name                             | Title                              | Date                      |

Note: A current (not more than 60 days old) original certificate of good standing or certificate of existence must be submitted with this application. This may be obtained from the Secretary of State or other authority that issues corporate charters in the state of domicile.