

Office of the Secretary of State/Corporation Division Form

# For Profit Articles of Incorporation CF

We, the undersigned incorporators, hereby associate ourselves together to form and establish a corporation FOR profit under the laws of the State of Kansas.

**Article One:** Name of the corporation

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**DO NOT WRITE IN THIS SPACE**

**Article Two:** Address of registered office in Kansas

(Street Address or Rural Route)

(City)

(County)

(Zip Code)

Name of resident agent at above address

**Article Three:** Nature of corporation business or purposes to be conducted or promoted is

**Article Four:** Total number of shares that this corporation shall be authorized to issue

\_\_\_\_\_ shares of \_\_\_\_\_ stock, class \_\_\_\_\_ par value of \_\_\_\_\_ dollars each

\_\_\_\_\_ shares of \_\_\_\_\_ stock, class \_\_\_\_\_ par value of \_\_\_\_\_ dollars each

\_\_\_\_\_ shares of \_\_\_\_\_ stock, class \_\_\_\_\_ without nominal or par value

\_\_\_\_\_ shares of \_\_\_\_\_ stock, class \_\_\_\_\_ without nominal or par value

If applicable, state any designations, powers, preferences, rights, qualifications, limitations or restrictions applicable to any class of stock or any special grant of authority to be given to the board of directors

**Article Five:** Name and mailing address of each incorporator is

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**Article Six:** Name and mailing address of each person who is to serve as a director until the first annual meeting of the stockholders or until a successor is elected and qualified is

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**Article Seven:** Is this corporation to exist perpetually? Yes\_\_\_\_ No\_\_\_\_

If *no*, the term for which this corporation is to exist is \_\_\_\_\_

•Tax closing date, if known \_\_\_\_\_

\_\_\_\_\_

In testimony whereof, we have hereunto subscribed our names this\_\_\_\_day of \_\_\_\_\_, A.D. 19\_\_\_\_.

(Signatures must correspond exactly to the names of the incorporators listed in Article Five.)

_____	_____
_____	_____
_____	_____

State of \_\_\_\_\_  
County of \_\_\_\_\_ } ss.

Before me, a notary public in and for said county and state, personally appeared

_____	_____
_____	_____
_____	_____

who are known to me to be the same persons who executed the foregoing Articles of Incorporation and duly acknowledged the execution of the same. In witness whereof, I have hereunto subscribed my name and affixed my official seal, this \_\_\_\_\_ day of \_\_\_\_\_, A.D. 19\_\_\_\_.

(Seal)

\_\_\_\_\_  
(Notary Public)

My appointment or commission expires \_\_\_\_\_, 19\_\_\_\_.

**Submit document in duplicate**

**with \$75 filing fee to:**

Corporation Division,  
Office of the Secretary of State,  
300 SW 10th Ave.  
2nd Floor, State Capitol, Topeka, KS 66612-1594  
(913) 296-4564