



**Department of State  
Corporation Bureau  
P.O. Box 8722  
Harrisburg, PA 17105-8722**

**Instructions for Completion of Form:**

- A. One original of this form is required. The form shall be completed in black or blue-black ink in order to permit reproduction. The filing fee for this form is \$        made payable to the Department of State. PLEASE NOTE: A separate check is required for each form submitted.
- B. Under 15 Pa.C.S. § 135(c) (relating to addresses) an actual street or rural route box number must be used as an address, and the Department of State is required to refuse to receive or file any document that sets forth only a post office box address.
- C. The following, in addition to the filing fee, shall accompany this form:
  - (1) Three copies of a completed form DSCB:15-134A (Docketing Statement).
  - (2) Any necessary copies of form DSCB:17.2 (Consent to Appropriation of Name) or form DSCB:17.3 (Consent to Use of Similar Name).
  - (3) Any necessary governmental approvals.
- D. For general instructions relating to the incorporation of business corporations see 19 Pa. Code Ch. 23 (relating to business corporations generally). These instructions relate to such matters as corporate name, stated purposes, term of existence, nonstock status, authorized share structure and related authority of the board of directors, inclusion of names of first directors in the Articles of Incorporation, optional provisions on cumulative voting for election of directors, etc.
- E. For required provisions in the Articles of a management corporation, see 15 Pa.C.S. §2703 (relating to additional contents of articles of management corporations).
- F. For restrictions on the stated purposes of professional corporations, see 15 Pa.C.S. §2903 (relating to formation of professional corporations).
- G. Articles for a nonprofit cooperative corporation should be filed on Form DSCB:15-7102B (Articles of Incorporation -Nonprofit Cooperative Corporation).
- H. One or more corporations or natural persons of full age may incorporate a business corporation.
- I. 15 Pa.C.S. § 1307 (relating to advertisement) requires that the incorporators shall advertise their intention to file or the corporation shall advertise the filing of articles of incorporation. Proofs of publication of such advertising should not be submitted to, and will not be received by or filed in, the Department, but should be filed with the minutes of the corporation.
- J. This form and all accompanying documents shall be mailed to:

**Department of State  
Corporation Bureau  
P.O. Box 8722  
Harrisburg, PA 17105-8722**
- K. To receive confirmation of the file date prior to receiving the microfilmed original, send either a self-addressed, stamped postcard with the filing information noted or a self-addressed, stamped envelope with a copy of the filing document.

**DOCKETING STATEMENT** DSCB:15-134A (Rev 95)  
**DEPARTMENTS OF STATE AND REVENUE**

MPANY A FILING

**BUREAU USE ONLY:**

Dept. of State Entity Number \_\_\_\_\_

Revenue Box Number \_\_\_\_\_

Filing Period \_\_\_\_\_ Date 3 4 5 \_\_\_\_\_

SIC \_\_\_\_\_ Report Code \_\_\_\_\_

This form (file in triplicate) and all accompanying documents shall be mailed to:

**COMMONWEALTH OF PENNSYLVANIA**  
**DEPARTMENT OF STATE**  
**CORPORATION BUREAU**  
**P.O. BOX 8722**  
**HARRISBURG, PA 17105-8722**

Check proper box:

<input type="checkbox"/> Pa. Business-stock	<input type="checkbox"/> Pa. Business-nonstock	<input type="checkbox"/> Pa. Business-Management	<input type="checkbox"/> Pa. Professional
<input type="checkbox"/> Pa. Business-statutory close	<input type="checkbox"/> Pa. Business-cooperative	<input type="checkbox"/> Pa. Nonprofit-stock	<input type="checkbox"/> Pa. Nonprofit-nonstock
<input type="checkbox"/> Foreign-business	<input type="checkbox"/> Foreign-nonprofit	<input type="checkbox"/> Motor Vehicle for Hire	<input type="checkbox"/> Insurance
<input type="checkbox"/> Foreign-Certificate of Authority to D/B/A _____			
<input type="checkbox"/> Business Trust			
<input type="checkbox"/> Pa. Limited Liability Company	<input type="checkbox"/> Pa. Restricted Professional Limited Liability Company		
<input type="checkbox"/> Foreign Limited Liability Company	<input type="checkbox"/> Foreign Restricted Professional Limited Liability Company		

Entity registering as a result of (check box):

<input type="checkbox"/> Incorporation (Pa.)	<input type="checkbox"/> Domestication	<input type="checkbox"/> Consolidation
<input type="checkbox"/> Authorization of a foreign association	<input type="checkbox"/> Division	<input type="checkbox"/> Summary of Record
<input type="checkbox"/> Organization (Pa.)		

1. Name of entity: \_\_\_\_\_

2. Location of (a) initial registered office in Pennsylvania or (b) the name and county of the commercial registered office provider:

(a) \_\_\_\_\_  
Number and Street/RD number and Box                      City                      State                      Zip code                      County

(b) c/o: \_\_\_\_\_  
Name of commercial registered office provider                      County

3. State or Country of Incorporation/Organization: \_\_\_\_\_

4. Specified effective date, if applicable: \_\_\_\_\_

5. Federal Identification Number: \_\_\_\_\_

6. Describe principal Pennsylvania activity to be engaged in, within one year of this application date: \_\_\_\_\_

7. Names, residences and social security numbers of the chief executive officer, secretary and treasurer or individual responsible for maintaining financial records:

Name	Address	Title	Social Security #

If professional entity, include officer's professional license numbers with the respective Pennsylvania Professional Board.

8. Location of principal place of business:

Number and Street/RD number and Box	City	State	Zip
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9. Mailing address if different than #8 (Location where correspondence, tax report form, etc. are to be sent):

Number and Street/RD number and Box	City	State	Zip
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10. Act of General Assembly or authority under which you are organized or incorporated (Full citation of statute or other authority; attach a separate sheet if more space is required): \_\_\_\_\_

11. Date and state of incorporation or organization (foreign entity only): \_\_\_\_\_

12. Date business started in Pennsylvania (foreign entity only): \_\_\_\_\_

13. Is the entity authorized to issue capital stock? ☐ YES ☐ NO

14. Entity's fiscal year ends: \_\_\_\_\_

This statement shall be deemed to have been executed by the individual who executed the accompanying submittal. See 18 Pa.C.S. §4904 (relating to unsworn falsification to authorities).

#### Instructions for Completion of Form:

- A. A separate completed set of copies of this form shall be submitted for each entity or registration resulting from the transaction.
- B. The Bureau of Corporation Taxes in the Pennsylvania Department of Revenue should be notified of any address changes. Notification should be sent to the Account Maintenance, Bureau of Corporation Taxes, Pa. Department of Revenue, Dept. 280901, Harrisburg, PA 17128-0901.
- C. All Pennsylvania corporate tax reports, except those for motor vehicle for hire, must be filed with the Commonwealth on the same fiscal basis as filed with the U.S. government. Motor vehicle for hire, i.e., gross receipts tax reports, must be filed on a calendar year basis only.
- D. The disclosure of the social security numbers of the corporate officers in Paragraph 7 is voluntary. The numbers are used to assure the proper identification of corporation officers by the Department of Revenue in accordance with the Fiscal Code.