

Application for Certificate of Authority



The undersigned corporation, pursuant to Section 79-4-15.03 (if a profit corporation) or Section 79-11-367 (if a nonprofit corporation) of the Mississippi Code of 1972, hereby executes the following document and sets forth:

1. Type of Corporation☐

Profit

☐

Nonprofit

2. Name of the Corporation**3. The future effective date is
(Complete if applicable)****4. Its state or country of incorporation is****5. Street Address of the corporation's principal office**

City, State, ZIP5, ZIP4

6. Date of incorporation

Period of duration

7. Name, Street and Mailing Address of the Registered Agent and Registered Office are

Name

Physical
Address

P.O. Box

City, State, ZIP5, ZIP4

Application for Certificate of Authority

**8. Officers**

Name

Title

Business Address

City, State, ZIP5, ZIP4

Name

Title

Business Address

City, State, ZIP5, ZIP4

Name

Title

Business Address

City, State, ZIP5, ZIP4

9. Directors

Name

Title

Business Address

City, State, ZIP5, ZIP4

Application for Certificate of Authority



Name

Title

Business Address

City, State, ZIP5, ZIP4

Name

Title

Business Address

City, State, ZIP5, ZIP4

10. FOR NONPROFIT ONLY (Check appropriate box)

The corporation

☐

has members

☐

has no members.

11. Name elected to use in Mississippi is

By: Signature

(Please keep writing within blocks)

Printed Name

Title