

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

Business Email Address _____

⇓ 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 in Mississippi 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	[] [] []

Name Title

Application for Certificate of Authority

⇓ [] []

⇓ 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)

Name Printed [] Title []