

# Jon Husted Ohio Secretary of State

Toll Free: (877) SOS-FILE (877-767-3453) | Central Ohio: (614) 466-3910 www.OhioSecretaryofState.gov | busserv@OhioSecretaryofState.gov File online or for more information: www.OHBusinessCentral.com

Please return the app	roval certificate to:
Name:	(Individual or Business Name)
<del>-</del>	(Individual of Business Name)
To the attention of:	(If necessary)
Address:	
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State:	ZIP Code:
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Check here if you v	vould like to receive important notices via e-mail from the Ohio Secretary of State's siness Services.
being created or up	would like to be signed up for our Filing Notification System for the business entity odated by filing this form. This is a free service provided to notify you via e-mail when ed on your business record.
	ney orders payable to: "Ohio Secretary of State"  Requested: (PLEASE CHECK <b>ONE</b> BOX BELOW)
_	ly the filing fee listed on page one of the form is required and the filing will be mately 3-7 business days. The processing time may vary based on the volume of r office.

**Expedite Service 1:** By including an Expedite fee of \$100.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 2 business days after it is received by our office.

**Expedite Service 2:** By including an Expedite fee of \$200.00, in addition to the regular filing fee on page one of the form, the filing will be processed within 1 business day after it is received by our office. This service is only available to walk-in customers who hand deliver the document to the Client Service Center.

**Expedite Service 3:** By including an Expedite fee of \$300.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 4 hours after it is received by our office, if received by 1:00 p.m. This service is only available to walk-in customers who hand deliver the document to the Client Service Center.

**Preclearance Filing:** A filing form, to be submitted at a later date for processing, may be submitted to be examined for the purpose of advising as to the acceptability of the proposed filing for a fee of \$50.00. The Preclearance will be complete within 1-2 business days.



this form.\*\*

Form 532A Prescribed by:

#### Jon Husted Ohio Secretary of State

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#### Mail this form to one of the following:

Regular Filing (non expedite) P.O. Box 670 Columbus, OH 43216

Expedite Filing (Two business day processing time. Requires an additional \$100.00)

P.O. Box 1390 Columbus, OH 43216

# **Initial Articles of Incorporation**

(For-Profit, Domestic Corporation)
Filing Fee: \$99
(113 - ARF)
Form Must Be Typed

First:	Name of Corporation	(Name must include corporation, corp., in	the following word or abbreviation: compandorporated, or inc.)	any, co.,
Second:	Location of Principal office in Ohio	City	State	
Effective Date ( <b>Optional</b> )	`t		the corporation begins upon s or on a later date specified inety days after filing)	
			uthorized to have outstanding. and their par value, if any.)  Par Value	
Fourth:  **Note: ORC	Amount		pital, please state the amount of that stated ca	

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		ORIGINAL APPOI	NTMENT OF ST	ATUTORY AGE	NT
hereby appoint the f	ollowing	least a majority of the inco g to be statutory agent upone corporation may be ser	on whom any pro		emand required or permitted by agent is
Name					
Mailing Addres					
City				State	Zip Code
	Γ				
Must be signed by the Incorporators or a majority of the incorporators		Signature			
		Signature			
		Signature			
		ACCEPT	ANCE OF APPO	DINTMENT	
The Undersigned,					, named herein as the
•	Statut	ory Agent Name			i '
Statutory agent for					
	Corpo	ration Name			
hereby acknowledge	es and a	accepts the appointment o	of statutory agent	for said corporat	ion.
Statutory Agent Signature					
		Individual Agent's Signat	ure/Signature on	Behalf of Busine	ess Serving as Agent

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

# Required Articles and original Signature appointment of agent must be signed by the incorporator(s). If the incorporator Ву is an individual, then they must sign in the "signature" box and print his/her name in the "Print Name" box. **Print Name** If the incorporator is a business entity, not an individual, then please print the entity name in the "signature" box, an authorized representative Signature of the business entity must sign in the "By" box and print his/her name and title/authority in the Ву "Print Name" box. **Print Name** Signature Ву **Print Name**

# Instructions for Initial Articles of Incorporation (For Domestic For Profit Corporation)

This form should be used if you wish to file articles of incorporation for a domestic for profit corporation.

## Name of Corporation

The name of the corporation must be in compliance with Ohio Revised Code §1701.05. The name must end with or include the word or abbreviation "company," "co.," "corporation," "corp.," "incorporated," or "inc." The name must be distinguishable on the records in the office of the secretary of state.

## Ohio Principal Office Location

Please state the city and county in Ohio where the principal office of the corporation is to be located.

## **Effective Date (optional)**

An effective date may be provided but is not required. Pursuant to Ohio Revised Code §1701.04(E), the legal existence of the corporation begins upon the filing of the articles or on a later date specified in the articles. The effective date cannot (1) precede the date of filing with our office or (2) be more than ninety (90) days after the date of filing. If an effective date is given that precedes the date of filing, the effective date of the corporation will be the date of filing. If an effective date is given that exceeds the date of filing by more than ninety (90) days, our office will return the filing to you and request that a proper effective date be provided.

#### **Authorized Number and Par Value of Shares**

Pursuant to Ohio Revised Code §1701.04(A)(3) and (4), please state the authorized number of shares, the type (common or preferred), and the par value, if any. **Note: The express terms of the shares of each class must be attached.** (See ORC 111.16(A)(2) for additional fee information.)

#### **Initial Stated Capital**

If the corporation is to have an initial stated capital, please state the amount of that stated capital. Pursuant to §1785.05, a professional corporation may issue its capital stock only to persons who are duly licensed, certificated, or otherwise legally authorized to render within this state the same professional service as that for which the entity was organized.

#### Original Appointment of Statutory Agent and Acceptance of Appointment

Pursuant to Ohio Revised Code §1701.07, an Ohio Corporation must appoint and maintain a statutory agent to accept service of process on behalf of the corporation. We cannot accept articles of incorporation unless the statutory agent information is provided. The statutory agent must be one of the following: (1) A natural person who is a resident of this state; or (2) A domestic or foreign corporation, nonprofit corporation, limited liability company, partnership, limited partnership, limited liability partnership, limited partnership association, professional association, business trust, or unincorporated nonprofit association that has a business address in this state. If the agent is a business entity then the agent must meet the requirements of Title XVII of the Revised Code to transact business or exercise privileges in Ohio. The statutory agent must also sign the Acceptance of Appointment at the bottom of page 2.

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## **Additional Provisions**

If the information you wish to provide for the record does not fit on the form, please attach additional provisions on a single-sided, 8 ½ x 11 sheet(s) of paper.

# Signature(s)

After completing all information on the filing form, please make sure that page 3 is signed by the incorporator(s).

\*\*Note: Our office cannot file or record a document which contains a social security number or tax identification number. Please do not enter a social security number or tax identification number, in any format, on this form.

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