

DPA
51-04

KANSAS SECRETARY OF STATE
Professional Association
Articles of Incorporation
Instructions

Kansas Office of the Secretary of State:

Memorial Hall, 1st Floor (785) 296-4564
120 S.W. 10th Avenue kssos@sos.ks.gov
Topeka, KS 66612-1594 www.sos.ks.gov

All information on the articles of incorporation **must be complete** and accompanied by the **correct filing fee** or the document will **not** be accepted for filing.

Stay up-to-date on your organization's status, annual report due date and contact addresses by going to **www.sos.ks.gov**.

<input type="checkbox"/> Filing fee	The filing fee for this document is \$90 .
<input type="checkbox"/> Payment	Please enclose a check or money order payable to the Secretary of State. Articles received without the appropriate fee will not be accepted for filing. Please do not send cash. NOTICE: There is a \$25 service fee for all checks returned by your financial institution. Also, to expedite processing, please do not use staples on your documents or to attach checks.
<input type="checkbox"/> Original certificate from the regulatory board	The certificate must be issued by the State regulatory board for each incorporator stating that they are licensed and that the business entity name is approved.
<input type="checkbox"/> Corporation name	A word of incorporation must be included in the name per K.S.A. 17-2711. Permitted words of incorporation are "P.A.", "Professional Association", or "Chartered". "P.C." and "Chtd." are not permitted. Kansas Statutes can be reviewed at www.kslegislature.org .
<input type="checkbox"/> Resident agent	The resident agent is a person or entity that is authorized to accept service of process (lawsuits) on behalf of the business entity. This does not necessarily mean that the agent himself/herself is being sued, but that he/she has the authority and responsibility to accept service of process on behalf of the business.
<input type="checkbox"/> Registered office	The registered office is the address where the resident agent is located.
<input type="checkbox"/> Mailing address	The mailing address is where you would like to receive official mail from the Secretary of State's Office.
<input type="checkbox"/> Purpose	Must include a specific professional purpose (ex. Practice or Medicine).
<input type="checkbox"/> Stock	You must have at least one share of stock. Number of shares can only be a numerical value.
<input type="checkbox"/> Incorporators	An incorporator can be either an individual or a business. This person or entity is responsible for the formation of the business created by this filing. The incorporator is not necessarily the owner and his/her role in the business may cease as soon as the filing is made.
<input type="checkbox"/> Directors	The directors section (Question 8) must be completed if the incorporator's power terminates once the document is filed.
<input type="checkbox"/> Signatures	The signature(s) of the incorporator(s) must match those of the licensee(s) as listed on the certificate from the State regulatory board.

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Include a certificate from your State of Kansas regulatory board stating that each incorporator is licensed and that the business entity name is approved.

THIS SPACE FOR OFFICE USE ONLY.

Instructions: All information must be completed or this document will not be accepted for filing.

1. Name of corporation

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2. Name of resident agent and address of registered office in Kansas

Must be a Kansas street address. A P.O. Box is unacceptable.

Name			
Street Address			
City	State	Zip	
	KS		

3. Mailing address

Address will be used to send official mail from the Secretary of State's Office.

Attention Name			
Address			
City	State	Zip	Country

4. Tax closing month

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5. State the professional purpose

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6. Total number of shares corporation is authorized to issue

Shares	Stock	Class	Par Value /ea.
			Without Nominal or Par Value
			Without Nominal or Par Value

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

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7. Name and mailing address of each incorporator

Do not leave blank. If additional space is needed, please provide attachment.

Name			
Address			
City	State	Zip	Country
Name			
Address			
City	State	Zip	Country
Name			
Address			
City	State	Zip	Country

8. Name and mailing address of each member of board of directors

This must be completed if incorporator's power terminates once document is filed. If additional space is needed, please provide attachment.

Name			
Address			
City	State	Zip	Country
Name			
Address			
City	State	Zip	Country
Name			
Address			
City	State	Zip	Country

9. Duration of corporation

Perpetual Date corporation will cease: Month Day Year

10. Effective date

Must be within 90 days of filing.

Upon filing Future effective date: Month Day Year

11. I/We declare under penalty of perjury pursuant to the laws of the state of Kansas that the foregoing is true and correct, and that I/we have remitted the required fee.

Signatures must correspond exactly to names of incorporators listed in number 7.

Signature of Incorporator	Month	Day	Year
Signature of Incorporator	Month	Day	Year
Signature of Incorporator	Month	Day	Year