

Please
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DPA
51-04

KANSAS SECRETARY OF STATE
Professional Association
Articles of Incorporation, Kansas

GENERAL FILING INSTRUCTIONS

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 <https://sos.ks.gov>.

<input type="checkbox"/> Filing fee	The filing fee for this document is \$90 .
<input type="checkbox"/> Payment	<p>Please submit payment by check, money order, or credit card. Checks and money orders need to be made payable to the Secretary of State. Forms received without the appropriate fee will not be accepted for filing. Please do not send cash.</p> <p>NOTICE: There is a \$25 service fee for all checks returned by your financial institution.</p> <p>Visa, MasterCard, Discover, and American Express are accepted. To use a credit card, please provide the following information:</p> <p>Credit card number _____</p> <p>Billing zip code _____ Expiration date _____</p>
<input type="checkbox"/> Daytime phone and contact person	_____
<input type="checkbox"/> Fax filing available	<p>Documents may be fax filed for a processing fee of \$20 in addition to the normal filing fee. Include contact name, daytime phone number, credit card number, credit card expiration date and billing zip code.</p> <p>Fax documents and payment information to Business Services, 785-296-4570. Faxed documents that are without errors and received prior to 4:00 p.m. CT will receive that day's file date. Faxed documents received after 4:00 pm CT cannot be guaranteed to receive that day's filing date.</p> <p>Filed documents will be returned by mail. You may request a file-stamped copy be faxed for an additional \$1 per page. Fax filing does not guarantee same day return faxing.</p>
<input type="checkbox"/> No duplicate copies	Please do not send duplicate copies of your document. The original is processed, and returned to you by mail.
<input type="checkbox"/> No email	We cannot accept any filings by email, except for the MA mailing address change form.
<input type="checkbox"/> No filing by phone	No documents or reports can be filed with our office by phone.
<input type="checkbox"/> Public information	All documents filed with our office are available to the public and may be viewed online at www.sos.ks.gov without cost. Please consider this when providing information on our forms. Instructions and payment information are not public information and are shredded after use.

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KANSAS SECRETARY OF STATE
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DPA FORM INSTRUCTIONS

Note: This application must be accompanied by a certificate from the regulating board of the profession involved stating that each of the incorporators is duly licensed to practice that profession and that the proposed corporate name has been approved. When two or more types of professions are to be rendered by such corporation, as shown in the articles of incorporation, a certificate of each regulatory board is required. Whenever an amendment is filed to change the name or purpose(s) of any professional corporation, a certificate of each regulatory board involved shall be required.

Question on Form

1. Corporation name	Pursuant to K.S.A. 17-2711, the corporate name shall end with the word "chartered" or "professional association" or the abbreviation "P.A."
2. 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 entity.
Registered office	The registered office is the physical address where the resident agent is located.
5. Professional purpose	A specific professional purpose (e.g., practice of medicine) must be stated.
6. Stock	The number of shares can only be a numerical value.
7. Incorporator(s)	Incorporators may be one or more natural persons, each of whom is licensed to render the same type of professional service within this state.
8. Directors	The directors' section must be completed if the incorporator's power terminates once the document is filed.
10. Signature(s)	The signature(s) of the incorporator(s) must match those of the licensee(s) as listed on the certificate from the state regulatory board.

Effective date: Any document that is required by this act to be filed with the Secretary of State shall be effective upon its filing date. Any document may provide that it is not to become effective until a specified date subsequent to its filing date, but such date shall not be later than 90 days after its filing date.

If you wish to include a future effective date for your articles of incorporation that is not more than 90 days after filing with the Secretary of State, please add the following information at the bottom of the DPA form under Item 10:

"Effective Date: __/__/__."

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**KANSAS SECRETARY OF STATE
Professional Association
Articles of Incorporation, Kansas**

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

THIS SPACE FOR OFFICE USE ONLY.

Note: This application must be accompanied by a certificate from the regulating board of the profession involved stating that each of the incorporators is duly licensed to practice that profession and that the proposed corporate name has been approved.

1. Name of corporation:

[Empty box for Name of corporation]

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

Must be a Kansas street address. A P.O. Box or Rural Route/Box is unacceptable.

Name		
Street Address		
City	State KS	Zip

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:
(December is default)

[Empty box for Tax closing month]

5. State the professional purpose:

[Empty box for State the professional purpose]

6. Total number of shares corporation is authorized to issue:

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

7. Name and mailing address of each incorporator:

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

Name of incorporator(s) must match name of licensee(s) on accompanying state regulatory board certificate.

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 existence Existence will expire on

Month	Day	Year
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10. I/We declare under penalty of perjury pursuant to the laws of the state of Kansas that the foregoing is true and correct.

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

Signature of Incorporator

Signature of Incorporator

Signature of Incorporator