

Please
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KANSAS SECRETARY OF STATE
Public Benefit Corporation
Articles of Incorporation, Kansas

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 you organization's status, annual report due date and contact addresses by going to **<https://sos.kansas.gov>**.

GENERAL FILING INSTRUCTIONS

<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 will receive that day's file date if they are without errors and received prior to 4 PM CST.</p> <p>Processed 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 activation or 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 without cost. Please consider this when providing information on our forms. Instructions and payment information are shredded after use.

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PBC FORM INSTRUCTIONS

Note: A public benefit corporation is a for-profit corporation organized under and subject to the requirements of the Kansas general corporation code that is intended to produce a public benefit or public benefits and to operate in a responsible and sustainable manner. To that end, a public benefit corporation shall be managed in a manner that balances the stockholders’ pecuniary interests, the best interests of those materially affected by the corporation’s conduct and the public benefit or public benefits identified in its articles or incorporation.

“Public benefit” means a positive effect, or reduction of negative effects, on one or more categories of persons, entities, communities or interests, other than stockholders in their capacities as stockholders, included, but not limited to, effects of an artistic, charitable, cultural, economic, educational, environmental, literary, medical, religious, scientific or technological nature.

Question on Form

1. Corporation name	<p>The name of a public benefit corporation shall contain either or both of one of the words, abbreviations or designations in K.S.A. 17-7919(a) or:</p> <ol style="list-style-type: none"> 1. The words “public benefit corporation”; 2. the abbreviation “P.B.C.”; 3. the designation “PBC”; or 4. words or abbreviations of like import in other languages if they are written in Roman characters or letters. <p>Kansas statutes can be reviewed at www.ksrevisor.org.</p>
3. Resident agent	<p>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.</p>
6. Stock	<p>Number of shares can only be a numerical value. Prior to issuing unissued shares of stock or disposing of treasury shares, the corporation shall provide notice to any person to whom such stock is issued or who acquires such treasury shares that it is a public benefit corporation.</p>
7. Incorporators	<p>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.</p>
8. Directors	<p>The directors’ section (Question 8) must be completed if the incorporator’s power terminates once the document is filed.</p>
9. Signatures	<p>If the incorporator is an individual, the signature must match exactly the name listed in the incorporator’s section (question 7). If the incorporator is a business, the signature of an individual authorized to sign for the business would be required. Do not enter the business name in the signature field.</p>

PBC
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**KANSAS SECRETARY OF STATE
Public Benefit Corporation
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Memorial Hall, 1st Floor (785) 296-4564
120 S.W. 10th Avenue kssos@ks.gov
Topeka, KS 66612-1594 https://sos.kansas.gov

THIS SPACE FOR OFFICE USE ONLY.

1. **Name of corporation:**

[Empty box for corporation name]

2. **This is a public benefit corporation pursuant to K.S.A. 17-72a02(a)(2).**

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

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

Name		
Street Address		
City	State KS	Zip

4. **Tax closing month:**
(December is default)

[Empty box for tax closing month]

5. **Nature of corporation's business or purpose, and one or more specific public benefits to be promoted:**

[Empty box for nature of business]

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.

[Empty box for additional information]

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

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

9. 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 Question 7.

Signature of Incorporator

Signature of Incorporator