

SUBMIT THE DOCUMENTS WITHOUT THIS PAGE

INSTRUCTIONS FOR FILING ARTICLES OF INCORPORATION

Note: All documents filed by the Secretary of State's office are considered public record and may be viewable online.

How to complete the Articles of Incorporation for a domestic (Kansas) Public Benefit Corporation:

Each of the numbered instructions below corresponds to a section on the form.

 Provide the name of the public benefit corporation. All domestic public benefit corporations must contain a word of formation. Pursuant to K.S.A. 17-7919, that word must be one of the following in English or in any other language if they are written in Roman characters:

PUBLIC BENEFIT CORPORATION, P.B.C., or PBC.

Or, if the public benefit corporation does not contain one of these words of formation as provided for in K.S.A. 17-72a02(2)(c), the business entity name must contain a word of formation that must be one of the following in English or in any other language if they are written in Roman characters:

ASSOCIATION, CHURCH, COLLEGE, COMPANY, CORPORATION, CLUB, FOUNDATION, FUND, INCORPORATED, INSTITUTE, SOCIETY, UNION, UNIVERSITY, SYNDICATE, LIMITED, CO., CORP., INC., or LTD.

Check to see if the name of the covered business entity is in use by any other business entity already registered with our office online at https://www.sos.ks.gov/eforms/BusinessEntity/ NameAvailability.aspx.

If the name is currently in use, either a Written Consent to Use of Similar Business Name or a letter advertising must be submitted with the formation document.

Consent to Use of Similar Business Name: Pursuant to K.S.A. 17-7918, the business may submit a Written Consent to Use of Similar Business name (Form CN), completed by the business registered with the Secretary of State's office, found at https://www.sos.ks.gov/forms/business_services/CN.pdf.

2. Provide the name of the resident agent.

Resident agent: This is either an individual or a business entity registered in Kansas (may be the business entity the articles of incorporation are for) who will receive any legal documents (e.g., subpoenas, court orders, summons, etc.) for the business entity named in section 1. If the resident agent is a business entity, search for the legal name of the business at https://www.sos.ks.gov/eforms/BusinessEntity/Search.aspx.

3. Provide the registered office for the resident agent.

Registered office: Must be an address in Kansas where the resident agent may be regularly present. The address must include the building number, street, city, state, and zip code. This can't be a PO box.

4. Provide the public benefit corporation's purpose statement. This statement is a general indication as to the nature of business of the business entity. Pursuant to K.S.A. 17-6002, you may state "the purpose of the corporation is to engage in any lawful act or activity for which corporations may be organized under the Kansas general corporation code, and by such statement all lawful acts and activities shall be within the purposes of the corporation, except for express limitations, if any."

In addition to the purpose statement, the specific public benefits that are to be promoted must be provided.

- 5. Provide the total number of shares and the par value of those shares are required. If there are multiple classes of stock, both classes must be indicated with the total number of shares and the par value.
- 6. Provide the names and addresses of each of the incorporators. Each incorporator named must sign in section 9.
- 7. If the power of the incorporator(s) is to cease upon the filing of the articles of incorporation, then the names and addresses of the directors must be provided. Otherwise, leave this section blank.
- 8. Each of the incorporators named in section 8 must sign.



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Fee Schedule

Mail to:

Articles of Incorporation

Kansas Secretary of State Memorial Hall, 1st Floor 120 SW 10th Avenue Topeka KS 66612

Checks and credit/debit cards are accepted for payment. Once processing the articles of incorporation are completed, a certified copy of the articles of incorporation will be mailed to the address of the sender.



COVER PAGE ARTICLES OF INCORPORATION

Note: The credit/debit card information will be destroyed upon the filing of the document.

Contact Information

Contact Person

Direct Phone Number for Contact Person

Payment Information

Credit/Debit Card Number

Expiration Date

Billing Zip Code





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

This form must be accompanied by the correct filing fee or the document will not be accepted for filing. (See instructions for details.)

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

Name of corporation:							
Name of resident agent:							
Must be an individual, the business entity named in section 1, or an entity already registered with our office. Do not leave							
Kansas for the resident	Street Address (A PO Box is unacceptable)						
Must be a street, rural route,	City			State	Zip		
				KS			
business or purpose, and one or more specific public benefits							
Total number of	Shares		Class			Par Value	
shares corporation is						/ea.	
	Shares		Class			Par Value	
						/ea.	
	Shares		Class			Without Nominal or Par Value	
	Shares		Class			Without Nominal or Par Value	
			limitations, or res	trictions applicable	e to any class or a	ny special grant of authority to be	
	Name of corporation: Include word of formation. See instructions for allowed words. Name of resident agent: Must be an individual, the business entity named in section 1, or an entity already registered with our office. Do not leave blank. Registered office in Kansas for the resident agent: Must be a street, rural route, or highway. A PO box is unacceptable. Nature of corporation's business or purpose, and one or more specific public benefits to be promoted: Total number of shares corporation is authorized to issue:	Include word of formation. See instructions for allowed words. Name of resident agent: Must be an individual, the business entity named in section 1, or an entity already registered with our office. Do not leave blank. Registered office in Kansas for the resident agent: Must be a street, rural route, or highway. A PO box is unacceptable. Nature of corporation's business or purpose, and one or more specific public benefits to be promoted: Total number of shares corporation is authorized to issue: Shares Shares Shares Shares	Include word of formation. See instructions for allowed words. Name of resident agent: Must be an individual, the business entity named in section 1, or an entity already registered with our office. Do not leave blank. Registered office in Kansas for the resident agent: Must be a street, rural route, or highway. A PO box is unacceptable. Nature of corporation's business or purpose, and one or more specific public benefits to be promoted: Total number of shares corporation is authorized to issue: Shares Shares Shares Shares	Include word of formation. See instructions for allowed words. Name of resident agent: Must be an individual, the business entity named in section 1, or an entity already registered with our office. Do not leave blank. Registered office in Kansas for the resident agent: Must be a street, rural route, or highway. A PO box is unacceptable. City Nature of corporation's business or purpose, and one or more specific public benefits to be promoted: Total number of shares corporation is authorized to issue: Shares Class Shares Class Shares Class If applicable, state any designations, powers, rights, limitations, or res	Include word of formation. See instructions for allowed words. Name of resident agent: Must be an individual, the business entity named in section 1, or an entity already registered blank. Registered office in Kansas for the resident agent: Must be a street, rural route, or highway. A PO box is unacceptable. Street Address (A PO Box is unacceptable) City State KS Nature of corporation's business or purpose, and one or more specific public benefits to be promoted: Shares Citass Shares Shares Class Shares Class Shares Class Shares Class Shares Class Shares Class Shares Class	Include word of formation. See instructions for allowed words. Name of resident agent: Must be an individual, the business entity named in section 1, or an entity already registered with our office. Do not leave blank. Registered office in Kansas for the resident agent: Must be a street, rural route, or highway. A PO box is unacceptable. Street Address (A PO Box is unacceptable) City State KS Zip Nature of corporation's business or purpose, and one or more specific public benefits to be promoted: Shares Class Total number of shares Shares Class Shares Shares Class Shares Image: Shares Shares Class Image: Shares Image: Shares Image: Shares Shares Class Image: Shares Image: Shares Image: Shares Image: Shares If applicable, state any designations, powers, rights, limitations, or restrictions applicable to any class or a If applicable, state any designations, powers, rights, limitations, or restrictions applicable to any class or a	

6.	Name and mailing address of each incorporator:	Name Address					
	Each incorporator must sign in section 9.						
	in section 5.	City		State	Zip	Country	
		Name					
	Do not leave blank.	Address					
	If additional space is needed,			-		-	
	please provide attachment.	City		State	Zip	Country	
••••							
7.	Name and mailing address of each	Name					
	member of board of directors:	Address					
	This must be completed if incorporator's power terminates						
	once document is filed.	City		State	Zip	Country	
		Name				1	
		Address					
	If additional space is needed, please provide an attachment.	City		State	Zip	Country	
 8	I/We declare under penal	ty of periury pursuant to	the laws of the	e state of k	ansas that the fore	aging is true and	
0.	 I/We declare under penalty of perjury pursuant to the laws of the state of Kansas that the foregoing is true and correct. 						
Signature of Incorporator							
х	x						
Sig	Signature of Incorporator						

2 / 2 K.S.A. 17-6002, 17-72a02 Rev. 2/28/25 tc

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