

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

APPLICATION FOR CERTIFICATE OF AUTHORITY FOREIGN BUSINESS CORPORATION

Please Type or Print Clearly in Ink

Please submit one **Original** and one **Photocopy**

FILING FEE: \$750 payable to SECRETARY OF STATE

Telephone # _____

FAX # _____

Application must be accompanied by a one page original certificate of existence issued by the Secretary of State or other official having custody of the corporate records in the state or country under whose law it is incorporated.

1. The name of the corporation is _____

Note: The name must include the term corporation, incorporated, company, limited or the applicable abbreviation.

2. State where incorporated _____

3. Date of its incorporation is _____

4. The period of its duration _____

5. The address of its principal office (this is the address of the executive offices of the corporation),

Street Address City State ZIP+4

Mailing Address (Optional) City State ZIP+4

6. The South Dakota Registered Agent name _____

Street Address or Rural Route Box Number in This State and City State ZIP+4

Mailing Address in This State, if Different from Street Address City State ZIP+4

When listing a Commercial Registered Agent, please state their CRA #.
This number can be obtained from the Commercial Registered Agent.

7. The names and business addresses of its principal officers and directors. Please place a check mark next to the name if the principal officer serves as a director.

<input type="checkbox"/>	_____ President	_____ Street Address	_____ City	_____ State	_____ ZIP+4
<input type="checkbox"/>	_____ Vice President	_____ Street Address	_____ City	_____ State	_____ ZIP+4
<input type="checkbox"/>	_____ Secretary	_____ Street Address	_____ City	_____ State	_____ ZIP+4
<input type="checkbox"/>	_____ Treasurer	_____ Street Address	_____ City	_____ State	_____ ZIP+4
<input type="checkbox"/>	_____ Director	_____ Street Address	_____ City	_____ State	_____ ZIP+4
<input type="checkbox"/>	_____ Director	_____ Street Address	_____ City	_____ State	_____ ZIP+4
<input type="checkbox"/>	_____ Director	_____ Street Address	_____ City	_____ State	_____ ZIP+4

The application must be signed by an authorized officer of the corporation.

Dated _____

(Signature of an authorized officer)

(Printed Name)

(Title)

By signing this form, you agree to have both the fee and the form processed electronically. A fee of up to \$40 will be assessed for returned payments.