

Secretary of State Office  
500 E Capitol Ave  
Pierre, SD 57501  
(605)773-4845  
[corpinfo@state.sd.us](mailto:corpinfo@state.sd.us)

**NON-STOCK APPLICATION FOR  
CERTIFICATE OF AUTHORITY  
FOREIGN NONPROFIT CORPORATION**  
SDCL 47-27-1

Please Type or Print Clearly in Ink  
Please submit one **Original** and one **Photocopy**  
**FILING FEE: \$125** payable to SECRETARY OF STATE

1. The Name of the corporation: \_\_\_\_\_

2. The name of the state or other jurisdiction under whose laws it is incorporated: \_\_\_\_\_

3. The date of incorporation: \_\_\_\_\_

4. The period of duration of corporation: \_\_\_\_\_

5. The address of its principal office (this is the address of the executive offices of the company):

\_\_\_\_\_  
Street Address City State ZIP+4

\_\_\_\_\_  
Mailing Address if different from street address City State ZIP+4

\_\_\_\_\_  
Email Address (Optional)

6. The South Dakota Registered Agent's name:

South Dakota law permits the registered agent **to be either: A)** a noncommercial registered agent (this may be an individual), **B)** a commercial registered agent, or **C)** an office holder. **Complete only one below, either (a) or (b) or (c).**

(a) The South Dakota Noncommercial Registered Agent's name: \_\_\_\_\_

\_\_\_\_\_  
Actual Street Address in this State City State ZIP+4

\_\_\_\_\_  
Mailing Address in this State, if Different from Street Address City State ZIP+4

\_\_\_\_\_  
Email Address (Optional)

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

\_\_\_\_\_  
Commercial Registered Agent Name CRA#

(c) Title of the office or other position with the business: \_\_\_\_\_

\_\_\_\_\_  
Business Office's Actual Street Address in this State City State ZIP+4

\_\_\_\_\_  
Mailing Address in this State, if Different from Street Address City State ZIP+4

\_\_\_\_\_  
Email Address (Optional)

7. The purpose(s) that the corporation is engaging in business in South Dakota:

8. The names and usual business addresses of its principal officers and directors. Place a check mark next to the name if the principal officer serves as a director.

President	Street Address	City	State	ZIP+4
Vice President	Street Address	City	State	ZIP+4
Secretary	Street Address	City	State	ZIP+4
Treasurer	Street Address	City	State	ZIP+4
Director	Street Address	City	State	ZIP+4
Director	Street Address	City	State	ZIP+4
Director	Street Address	City	State	ZIP+4

9. The foreign corporation shall deliver with the completed application an **Original Certificate of Existence** or a document of similar import, duly authenticated by the Secretary of State or other official having custody of corporate records in the state or other jurisdiction under whose law it is incorporated.

No person may execute this report knowing it is false in any material respect. Any violation may be subject to a civil and/or criminal penalty (SDCL 22-39-36).

Dated \_\_\_\_\_

\_\_\_\_\_  
Signature of an authorized person

Email \_\_\_\_\_  
(Optional)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title