



This Box For Office Use Only

### Foreign Profit Corporation

See attached detailed instructions

- Filing Fee \$180.00
- Filing Fee with Expedited Service \$230.00

UBI Number: \_\_\_\_\_

## CERTIFICATE OF AUTHORITY

Chapter 23B.15 RCW

### SECTION 1

**NAME OF CORPORATION:** \_\_\_\_\_

*(Must contain one of the following corporate designations: Corporation, Incorporated, Limited or Company, or an abbreviation Corp., Inc., Ltd., or Co. – See instructions page for use of names)*

**NAME TO BE USED IN WASHINGTON STATE:** *(If different than above, resolution must be attached)*

### SECTION 2

**STATE OR COUNTRY WHERE ORIGINALLY INCORPORATED:** \_\_\_\_\_

**DATE OF ORIGINAL INCORPORATION:** \_\_\_\_\_

*(Certificate of Existence or similar import (not more than 60 days old) from original state must be attached)*

### SECTION 3

**ADDRESS OF THE PRINCIPAL PLACE OF BUSINESS:**

Street Address \_\_\_\_\_ City \_\_\_\_\_ State/Country \_\_\_\_\_ Zip \_\_\_\_\_

PO Box \_\_\_\_\_ City \_\_\_\_\_ State/Country \_\_\_\_\_ Zip \_\_\_\_\_

### SECTION 4

**EFFECTIVE DATE OF CERTIFICATE OF AUTHORITY:** *(Please check one of the following)*

- Upon filing by the Secretary of State
- Specific Date: \_\_\_\_\_ *(Specified effective date must be within 90 days AFTER the Certificate of Authority has been filed by the Office of the Secretary of State)*

**SECTION 5**

**TENURE:** *(Please check one of the following and indicate the date if applicable)*

- Perpetual existence
- Specific term of existence \_\_\_\_\_ *(Number of years or date of termination)*

**SECTION 6**

**DATE CORPORATION BEGAN DOING BUSINESS IN WASHINGTON STATE:** \_\_\_\_\_

**SECTION 7**

**NAME AND ADDRESS OF THE WASHINGTON STATE REGISTERED AGENT:**

**Name:** \_\_\_\_\_

**Physical Location Address (required):**

\_\_\_\_\_

City \_\_\_\_\_ WA Zip Code \_\_\_\_\_

**Mailing or Postal Address (optional):**

\_\_\_\_\_

City \_\_\_\_\_ WA Zip Code \_\_\_\_\_

**CONSENT TO SERVE AS REGISTERED AGENT:**

I consent to serve as Registered Agent in the State of Washington for the above named corporation. I understand it will be my responsibility to accept Service of Process on behalf of the corporation; to forward mail to the corporation; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

X \_\_\_\_\_

<b>Signature of Registered Agent</b>	<b>Printed Name</b>	<b>Date</b>
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**SECTION 8**

**NAME AND ADDRESS OF EACH DIRECTOR AND OFFICER:**

*(If necessary, attach additional names and addresses)*

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

*This document is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.*

X \_\_\_\_\_

<b>Signature of Officer or Chairman</b>	<b>Printed Name/Title</b>	<b>Date</b>	<b>Phone Number</b>
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## **INSTRUCTIONS – FOREIGN PROFIT CORPORATION CERTIFICATE OF AUTHORITY**

Please complete all sections of the Certificate of Authority. **USE DARK INK ONLY.** For an electronic, fillable version of this form, or to **FILE ONLINE** please visit our website at <http://www.sos.wa.gov/corps/>

### **Section 1:**

Enter the name of the corporation as recorded in the state/country of incorporation. Use of an alternate name requires a resolution by the board of directors certified by its secretary. In accordance with *RCW 23B.15.060* a corporate name must contain one of the following words: **Corporation, Incorporated, Limited** or **Company** or the abbreviation: **Corp., Inc., Ltd.** or **Co.** A corporate name must be distinguishable upon the records of the Secretary of State from any other formally organized entity registered with the Secretary of State's office. Use of the word "**Bank**" or "**Trust**" must be approved prior to filing. It is advised that you contact the Secretary of State (360-725-0377) to check for name availability before filing.

### **Section 2:**

Enter the state/country and the date of the original incorporation. You must attach a Certificate of Existence or similar import issued no longer than 60 days before the date of this application. For more information please see RCW 23B.15.030(2) Copies of articles from other states do not satisfy the requirements of 23B.15.030 Certificate of Existence.

### **Section 3:**

Enter the address of the corporation's principal place of business where records are maintained.

### **Section 4:**

An effective date may be specified. The effective date can be up to 90 days AFTER the Certificate of Authority has been filed by the Office of the Secretary of State.

### **Section 5:**

Perpetual (*ongoing until dissolved*) or list a specific date or a specific number of years.

### **Section 6:**

List the date the corporation began conducting business in Washington State. If business began prior to this filing please contact our office for additional fee information at 360-725-0377.

### **Section 7:**

All corporations must have a registered agent in Washington State. The registered agent may be an individual who is a resident of Washington State, or a business entity registered with the Secretary of State's office. The agent **must have** a physical address in Washington State where personal service of process may be made. An alternative mailing address may be used in addition to the physical address. The mailing address must also be in Washington State. **The Registered Agent must print their name and sign the consent to serve as Registered Agent.**

### **Section 8:**

List the full name and address of each Director and Officer. Only one Officer or Chairman's signature is **required**.

### **Additional Information:**

You may attach any optional provisions to these articles (*please do not attach bylaws or minutes, these items are not filed with this office*).

**FEES:** The filing fee for Certificate of Authority is \$180.00. If expedited service is requested, include an additional \$50.00 per submission and write "EXPEDITE" on the outside of the envelope. Make the checks or money orders payable to "Secretary of State". **(ALL fees are non-refundable)**

### **Mail completed forms and payment to:**

Secretary of State  
Corporations Division  
801 Capitol Way S  
PO Box 40234  
Olympia WA 98504-0234

If you have questions, need assistance, or would like to provide feedback please visit the Corporations Division website at [www.sos.wa.gov/corps](http://www.sos.wa.gov/corps) or call 360-725-0377.