## **FOREIGN BUSINESS CORPORATION**

## STATE OF MAINE

## APPLICATION FOR

**AUTHORITY TO DO BUSINESS** (Check box only if applicable.) Deputy Secretary of State This is a professional corporation pursuant to 13 MRSA Chapter 22-A.\*\* (see footnote) A True Copy When Attested By Signature Deputy Secretary of State (Name of Corporation in Jurisdiction of Incorporation) Pursuant to 13-C MRSA §1503, the undersigned corporation executes and delivers the following Application for Authority to do Business: **FIRST:** If the legal corporate name does not meet the requirements pursuant to §401 and/or 13 MRSA Chapter 22-A §736 (if a professional corporation) a fictitious name under which it proposes to apply for authority to do business in the State of Maine is: (If not applicable, so indicate.) If using a fictitious name, form MBCA-5 must be included. A fictitious name is a name adopted by a foreign corporation authorized to transact business in this State because its real name is unavailable pursuant to §401. **SECOND:** The Registered Agent is a: (select either a Commercial or Noncommercial Registered Agent) Commercial Registered Agent CRA Public Number: (name of commercial registered agent) Noncommercial Registered Agent (name of noncommercial registered agent) (physical location, not P.O. Box – street, city, state and zip code)

**Filing Fee \$250.00** 

THIRD:

Pursuant to 5 MRSA §108.3, the new commercial registered agent listed above has consented to serve as the registered agent for this corporation.

(mailing address if different from above)

**FOURTH:** (For professional corporations only)

> All of the professional corporation's shareholders, not less than a majority of its directors and all of its officers other than its clerk, secretary and treasurer, if any, are licensed in one or more states to render a professional service described in its articles of incorporation.

Its jurisdiction of incorporation is			(state or country) and the	date of	
incorporation is					
Address of the principal office, wherever	located, is:				
(street, city, state and zip code)  (mailing address if different from above)					
Street					
(type or print name and capacity)			(street or mailing address)		
		(city, state and zip code)	(city, state and zip code)		
	S	treet			
(type or print name and capacity)			(street or mailing address)		
			(city, state and zip code)		
	S	treet			
(type or print name and capacity)			(street or mailing address)		
			(city, state and zip code)		
by the Secretary of State or other official	having custody of o	corporate recor	ds in the state or country under whose	ose law the	
Dated	*By				
		(original signature of an officer)			
		(type	e or print name and capacity/title)		
	Incorporation is	incorporation is  Address of the principal office, wherever located, is:  (street, city, state of the names and usual business addresses of its current directors.  (type or print name and capacity)  Solution of the name and capacity.  This application must be accompanied by a certificate of the name and capacity.  This application is incorporated. The certificate of existe delivery of this application for filing.	incorporation is  Address of the principal office, wherever located, is:  (street, city, state and zip code)  (mailing address if different from above  The names and usual business addresses of its current directors and officers  (type or print name and capacity)  Street  (type or print name and capacity)  Street  (type or print name and capacity)  This application must be accompanied by a certificate of existence or a coby the Secretary of State or other official having custody of corporate recorforeign corporation is incorporated. The certificate of existence must have delivery of this application for filing.  Pated *By	Address of the principal office, wherever located, is:  (street, city, state and zip code)  (mailing address if different from above)  The names and usual business addresses of its current directors and officers: (Attach additional pages, if necessary and type or print name and capacity)  Street  (type or print name and capacity)  (street or mailing address)  (city, state and zip code)  Street  (type or print name and capacity)  (street or mailing address)  (city, state and zip code)  Street  (type or print name and capacity)  (street or mailing address)  (city, state and zip code)  This application must be accompanied by a certificate of existence or a document of similar import duly auth by the Secretary of State or other official having custody of corporate records in the state or country under whose foreign corporation is incorporated. The certificate of existence must have been made not more than 90 days pridelivery of this application for filing.	

Please remit your payment made payable to the Maine Secretary of State.

Submit completed form to: Secretary of State

**Division of Corporations, UCC and Commissions** 

101 State House Station Augusta, ME 04333-0101

Telephone Inquiries: (207) 624-7752 Email Inquiries: CEC.Corporations@Maine.gov

<sup>\*\*</sup>The professional corporation name as used in the State of Maine must contain one of the following: "chartered," "professional corporation," "professional association" or "service corporation" or the abbreviation "P.C.," "P.A." or "S.C.". If the legal name in your jurisdiction doesn't require the use of these words, you must file a fictitious name. (See item first)

<sup>\*</sup>This document MUST be originally signed by any duly authorized officer. (13-C MRSA §121.5)

## **Filer Contact Cover Letter**

Department of the Secretary of State Division of Corporations, UCC and Commissions 101 State House Station Augusta, ME 04333-0101	Tel. (207) 624-7752		
Name of Entity (s):			
List type of filing(s) enclosed (i.e. Articles of Incorporation, Articles of Me of Correction, etc.) Attach additional pages as needed.	rger, Articles of Amendment, Certif		
Special handling request(s): (check all that apply)  Hold for pick up Expedited filing - 24 hour service (\$50 additional fili			
Expedited filing - Immediate service (\$100 additional Total filing fee(s) enclosed: \$  Contact Information – questions regarding the above filing(s), p contact name and telephone number or email address will result in the return of the erroned	olease call or email: (failure to pr		
(Name of contact person)	Daytime telephone number)		
(Email address)			
The enclosed filing(s) and fee(s) are submitted for filing. Please return the address:	attested copy to the following		
(Name of attested recipient)			
(Firm or Company)			
(Mailing Address)			
(City, State & Zip)			