

FIFTH: Its jurisdiction of incorporation is _____ (state or country) and the date of incorporation is _____.

SIXTH: Address of the principal office, wherever located, is:

(street, city, state and zip code)

(mailing address if different from above)

SEVENTH: The names and usual business addresses of its current directors and officers: (Attach additional pages, if necessary.)

(type or print name and capacity) Street _____
(street or mailing address)

(city, state and zip code)

(type or print name and capacity) Street _____
(street or mailing address)

(city, state and zip code)

(type or print name and capacity) Street _____
(street or mailing address)

(city, state and zip code)

EIGHTH: This application **must be accompanied by a 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 country under whose law the foreign corporation is incorporated. The certificate of existence must have been made not more than 90 days prior to the delivery of this application for filing.

Dated _____ ***By** _____
(original signature of an officer)

(type or print name and capacity/title)

**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)

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

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

Filer Contact Cover Letter

To: 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 Merger, Articles of Amendment, Certificate of Correction, etc.) Attach additional pages as needed.

Special handling request(s): (check all that apply)

- Hold for pick up
 Expedited filing - 24 hour service (\$50 additional filing fee per entity, per service)
 Expedited filing - Immediate service (\$100 additional filing fee per entity, per service)

Total filing fee(s) enclosed: \$ _____

Contact Information – questions regarding the above filing(s), please call or email: (failure to provide a contact name and telephone number or email address will result in the return of the erroneous filing (s) by the Secretary of State's office)

(Name of contact person) (Daytime telephone number)

(Email address)

The enclosed filing(s) and fee(s) are submitted for filing. Please return the attested copy to the following address:

(Name of attested recipient)

(Firm or Company)

(Mailing Address)

(City, State & Zip)