



STATE OF MONTANA

ARTICLES of INCORPORATION for DOMESTIC PROFIT CORPORATION [35-1-216, MCA](#)

MAIL: Secretary of State
P.O. Box 202801
Helena, MT 59620-2801
PHONE: (406) 444-3665
FAX: (406) 444-3976
WEB SITE: sos.mt.gov

Prepare, sign, and submit with an original signature and filing fee.
This is the minimum information required.

(This space for Secretary of State use only)

Required Filing Fees:
Standard \$ 70.00
24 Hour Priority \$ 90.00
1 Hour Expedite \$170.00

Make checks payable to Secretary of State.

If the document is hand written, please print legibly or the application may be denied.

1. Select ONE corporate type and complete as requested. Please note: The business name must contain the word "corporation," "incorporated," "company," or "limited," or an abbreviation ([35-1-308, MCA](#)). If a professional corporation, the business name must contain the words "professional corporation" or an abbreviation ([35-4-206, MCA](#)).

- General for Profit Corporation
- Benefit for Profit Corporation
- Professional Corporation
- Close Corporation which will operate with directors or without directors
- Professional Close Corporation which will operate with directors or without directors

The Corporate name is: _____

2. Check and complete if applicable: This corporation is a benefit corporation that provides the following specific public benefits: _____

3. The name of the entity's Commercial Registered Agent for service of process in Montana:
(A list of Commercial Registered Agents is available at: <http://sos.mt.gov/Business/Agents/index.asp>.)

Name: _____

Or, the name and address of the entity's Noncommercial Registered Agent for service of process in Montana:

Name: _____

Actual Street Address or Rural Route Box Number in Montana: **(Must be an actual geographic location.)**

City: _____ Zip Code: _____

And, a mailing address in Montana, if different:

City: _____ Zip Code: _____

Appointment of a Registered Agent is affirmation of the Registered Agent's consent to serve as Registered Agent.

4. The number of shares of Capital Stock which the Corporation has the authority to issue is (cannot be left blank or "zero"):
_____. Such Capital Stock shall have no par value.

5. The name and business mailing address of each incorporator is as follows (add additional sheets as necessary):

Name: _____

Business Mailing Address: _____

City: _____ State: _____ Zip Code: _____

6. **I, HEREBY SWEAR AND/OR AFFIRM**, under penalty of law, including criminal prosecution, that the facts contained in this document are true.

Signature of Incorporator

Date

7. Daytime Contact: Phone _____ Email _____

HELP SHEET: Articles of Incorporation for Domestic Profit Corporation

The filing of the articles of incorporation by the Secretary of State is "conclusive proof that the incorporators have satisfied all conditions precedent to incorporation." ([35-1-220, MCA](#))

Unless a delayed effective date is specified, the existence date for the corporation will be the date the Articles of Incorporation were filed with the Secretary of State. ([35-1-219, MCA](#))

Annual reports must be filed with the Secretary of State prior to April 15 each year beginning the year following the incorporation and each year thereafter. Each year the Secretary of State will mail a notice that the Annual Report is due to the corporation's registered agent. ([35-1-1104, MCA](#))