

# Profit Corporation Instructions



Wyoming Secretary of State

Herschler Building East, Suite 101 ♦ 122 W 25th Street ♦ Cheyenne, WY 82002-0020

307.777.7311 ♦ [Business@wyo.gov](mailto:Business@wyo.gov)

## Before Filing Please Note

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- One **originally signed** Articles of Incorporation and one **originally signed** Consent to Appointment by Registered Agent form must be submitted.
- The Articles of Incorporation must be in compliance with Wyoming Statutes 17-16-101 through Wyoming Statutes 17-16-1804.
- Filing fee of \$100.00.** Make check or money order payable to Wyoming Secretary of State.
- Please provide at least one e-mail address in the Articles of Incorporation. The provided e-mail address is used *only* to send you a certificate of evidence and annual report reminders.
- Annual reports are due every year** on the first day of the anniversary month of formation. If not paid within 60 days of the due date the entity will be subject to dissolution.



## You're Ready to Mail in Your Documents!

- ♦ **Typical processing time is 3-5 business days** following the date of receipt in our office.
- ♦ Wyoming statutes do not allow for expedited filing at this time. Your filing will be processed in the order it is received.
- ♦ You can visit our website at <http://wyobiz.wy.gov> to see what day is currently being processed.

## Additional Contact Information

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- ♦ **Department of Revenue** (Sales and Use Tax Information)
  - Ph. 307.777.5200 OR <https://revenue.state.wy.us/>
- ♦ **Wyoming Business Council** (Licensing or Permit Information)
  - Ph. 307.777.2800 OR <http://www.wyomingbusiness.org/>
- ♦ **Department of Workforce Services** (Workers' Compensation or Unemployment Insurance)
  - Ph. 307.777.8650 OR <http://www.wyomingworkforce.org/>
- ♦ **Internal Revenue Service** (Tax ID Information)
  - <https://www.irs.gov/Filing>



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For Office Use Only

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## **Profit Corporation Articles of Incorporation**

1. Corporation name:

2. This entity elects to be a statutory close corporation:

*(You may refer to the Close Statutory Close Corporation Supplement for more information W.S. 17-17-101 through 17-17-151.)*

3. Name and physical address of its registered agent:

*(The registered agent may be an individual resident in Wyoming or a domestic or foreign business entity authorized to transact business in Wyoming. **The registered agent must have a physical address in Wyoming.** If the registered office includes a suite number, it must be included in the registered office address. A Drop Box is not acceptable. A PO Box is acceptable if listed **in addition to a physical address.**)*

Name:

Address:

*(If mail is received at a Post Office Box, please list above **in addition to the physical address.**)*

4. Mailing address of the corporation:

5. Principal office address:

6. Number and class of shares the corporation will have the authority to issue:

7. Name and address of each incorporator:

Name:

Address:

8. Execution *(all incorporators must sign)*:

**Signature:** \_\_\_\_\_

**Date:**

*(mm/dd/yyyy)*

Print Name:

**Signature:** \_\_\_\_\_

**Date:**

*(mm/dd/yyyy)*

Print Name:

**Signature:** \_\_\_\_\_

**Date:**

*(mm/dd/yyyy)*

Print Name:

Contact Person:

Daytime Phone Number:

Email:

*(Email provided will receive annual report reminders and filing evidence)*

*\*May list multiple email addresses*



## Consent to Appointment by Registered Agent

I, \_\_\_\_\_, registered office located at \_\_\_\_\_  
(name of registered agent)  
voluntarily consent to serve

\* \_\_\_\_\_  
(registered office physical address, city, state & zip)

as the registered agent for \_\_\_\_\_  
(name of business entity)

I hereby certify that I am in compliance with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

**Signature:** \_\_\_\_\_  
(Shall be executed by the registered agent.)

**Date:** \_\_\_\_\_  
(mm/dd/yyyy)

Print Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Registered Agent Mailing Address  
(if different than above):

### \*If this is a current registered agent changing their registered address on file, complete the following:

Previous Registered Office(s):

I hereby certify that:

- After the changes are made, the street address of my registered office and business office will be identical.
- This change affects every entity served by me and I have notified each entity of the registered office change.
- I certify that the above information is correct and I am in compliance with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

**Signature:** \_\_\_\_\_  
(Shall be executed by the registered agent.)

**Date:** \_\_\_\_\_  
(mm/dd/yyyy)