



State of Alaska  
Division of Corporations, Business and Professional Licensing  
**CORPORATIONS SECTION**  
PO Box 110806  
Juneau, AK 99811-0806  
Phone: (907) 465-2550  
Fax: (907) 465-2974  
Website: [www.commerce.alaska.gov/occ](http://www.commerce.alaska.gov/occ)

## **CERTIFICATE OF AUTHORITY**

### **Foreign Business Corporation**

### **AS 10.06.730**

**Filing Fee: \$350.00**

#### **INSTRUCTIONS *(Please retain for your records):***

**Refer to Alaska Statutes 10.06.730. If you need assistance in completing your filing, it is advised that you seek legal counsel. Please be aware that this filing will become public information.**

#### **ITEM 1: Legal Name of Corporation**

A corporate name must contain the word "corporation," "company," "incorporated," or "limited," or an abbreviation of one of these words. The corporate name may not contain a word or phrase that indicates or implies that the corporation is organized for a purpose other than the purpose contained in its articles of incorporation. A corporate name must be distinguishable upon the record. To search the availability of the legal name of the corporation in the State of Alaska go to the Corporations Section at [www.commerce.alaska.gov/occ](http://www.commerce.alaska.gov/occ) and select Search Corporations Database.

The entity must be in good standing in their state of domicile, before we can issue a certificate of authority, please check the box.

#### **ITEM 2: Assumed Name**

The name the corporation elects to use if the name in the state of domicile is already in use by another entity in Alaska. To search the availability of the legal name of the corporation in the state of Alaska, go to the Corporations Section at [www.commerce.alaska.gov/occ](http://www.commerce.alaska.gov/occ) and Search Corporations Database.

#### **ITEM 3: State of Domicile, Date of Incorporation, Duration**

Indicate the state of domicile, or "home state"; date of incorporation in the state of domicile (mm/dd/yyyy format); and the duration. Duration is the life expectancy of the corporation and may be a specific future date of less than 100 years. If there is no expected end date, select the "perpetual" box, indicating the corporation plans to transact business uninterrupted for an undeterminable amount of time.

#### **ITEM 4: Disclosure of Corporate Purposes**

The purpose describes activities of the corporation at the time of the initial filing and may include "any lawful." In addition to purpose, also include the NAICS code where indicated. NAICS code may not conflict with the purpose listed. A complete list of NAICS codes is available online under the Corporations Section at [www.commerce.alaska.gov/occ](http://www.commerce.alaska.gov/occ).

#### **ITEM 5: Registered Agent**

The registered agent of this foreign corporation must be an individual who is a resident of Alaska, or a corporation (excluding LLC, LP and LLP) registered and in good standing with this office. The registered agent is statutorily responsible for receiving and forwarding processes, notices, or demands on to the last

known address of the entity. A corporation may not act as its own registered agent. A physical address and a mailing address in the State of Alaska must be given.

**ITEM 6: Principal Office Address**

Address of the corporation in the state or country of domicile.

**ITEM 7: Alien Affiliate**

Defined in AS 10.06990 as a person that directly or indirectly through one or more intermediaries controls, or is controlled by, or is under common control with, a corporation subject to this chapter:

An individual who is not a citizen or national of the United States, or who is not lawfully admitted to the United States for permanent residence, or paroled into the United States under the Immigration and Nationality Act (8 U.S.C. 1101 – 1525, as amended):

1. A person, other than an individual, that was not created or organized under the laws of the United States or of a state, or whose principal place of business is not located in any state; or
2. A person, other than an individual, that was created or organized under the laws of the United States of a state, or whose principal place of business is located in a state, and that is controlled by a person described in (1) or (2) of this paragraph[.]

**ITEM 8: Authorized Shares**

All for-profit business corporations must provide the number of authorized shares – the maximum number of shares that a corporation is legally permitted to issue. Zero (0) is not an acceptable quantity. If there is more than one class or series of authorized shares, please provide this information.

Par value is the nominal value or dollar value of the original cost of a share and has no relation to market value.

**ITEM 9: Issued Shares**

Provide the number, class, and series of issued shares, if any. Issued shares are the number of authorized shares that are sold to and held by shareholders of a company. If shares have been issued, you must complete Item 10: Shareholders.

**ITEM 10: Shareholders**

List the names and mailing addresses of persons owning 5% or more of any class of shares, and the percentage owned by each person. If there are issued shares, you must complete Item 9: Issued Shares.

**ITEM 11: Officers and Directors**

List the names and mailing addresses of the officers and directors of the corporation. You may attach an additional 8 1/2" x 11" page, if necessary. Please note: do not include confidential information such as Social Security Numbers, driver's license numbers or date of birth, as this record is public information.

**ITEM 12: Signatures**

The printed name and signatures of the president or vice president of the corporation, and its secretary or assistant secretary are required. If the same person holds two of these positions, two different people must sign the application, unless that person holds all positions.

Mail the Application for Certificate of Authority and the \$350.00 filing fee in U.S. dollars to:  
State of Alaska, Corporations Section, PO Box 110806, Juneau, AK 99811-0806

**STANDARD PROCESSING TIME** for complete and correct applications submitted to this office is approximately 10-15 business days. All applications are reviewed in the date order they are received. To file your application online for immediate processing, visit our website at: [www.commerce.alaska.gov/occ](http://www.commerce.alaska.gov/occ).



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DO NOT STAMP ABOVE THIS BOX

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\$150 Fee + \$200 Tax = \$350.00

**CERTIFICATE OF AUTHORITY**  
**Foreign Business Corporation**  
**AS 10.06.730**

**\$350.00 Filing Fee**

Pursuant to Alaska Statutes 10.06.730, the undersigned corporation applies for a Certificate of Authority and, for that purpose, submits the following statement:

**ITEM 1:** Legal name of the corporation must contain the word "corporation", "company", "incorporated", "limited" or an abbreviation of one of these words.

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**This foreign entity is active and in good standing in the state/country of domicile**

**ITEM 2:** The assumed name the corporation elects to use in Alaska if the legal name is not available:

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**ITEM 3:** The state of domicile, or "home state"; date of incorporation in the state of domicile (mm/dd/yyyy format); and the duration, or "life expectancy" of the corporation:

State of domicile:	Date of Incorporation: ____/____/____	Duration: ____/____/____ <input type="checkbox"/> Perpetual
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**ITEM 4:** The purpose of the corporation (may include "any lawful") and the 6 digit NAICS Industry Grouping Code that most clearly describes the initial activities of the company:

Purpose:	NAICS code:						
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**ITEM 5:** Registered agent name and address (must include a physical and mailing address in Alaska):

Name:			
Physical address:	City:	AK	Zip Code:
Mailing address:	City:	AK	Zip Code:

**ITEM 6:** Principal office address of the corporation wherever located:

Name:			
Physical address:			
Mailing address:			

**ITEM 7:** Name and address of each alien affiliate (if there are no alien affiliates, indicate "none"):

Name:		
Mailing address:		
City:	State/Province:	Country:

Attach additional sheet if more than one alien affiliate.

**ITEM 8:** Number of authorized shares (zero is not an acceptable quantity):

	<input type="checkbox"/> Common <input type="checkbox"/> Preferred		
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# of Authorized shares      Class      Series      Par value

	<input type="checkbox"/> Common <input type="checkbox"/> Preferred		
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# of Authorized Shares      Class      Series      Par value

**ITEM 9:** Number of issued shares; if shares have been issued, complete item #10, Shareholders:

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# of Issued Shares      Class      Series      Par Value

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# of Issued Shares      Class      Series      Par Value

**ITEM 10:** Name and address of each person/entity owning 5% or more of the issued shares or 5% of any class of issued shares and the percentage of the issued shares owned by that person. If there are no person/entity owning 5% or more please indicate with "NONE". If you have shareholders Item #9 must be completed.

Name	Mailing address	City	State	ZIP code	% Issued shares held

Attach additional sheet if necessary.

**ITEM 11:** The names and mailing addresses of the officers and directors of the corporation:

Title	Name	Mailing address	City	State	ZIP code
President					
Vice President					
Secretary					
Treasurer					
Director					
Director					

If necessary, attach additional pages for continuation. Please do not include confidential information such as Social Security Numbers, driver license numbers or date of birth as this record is public information.

**ITEM 12:** The printed name and signature of the president or vice president, and secretary or assistant secretary. If the same person holds two of these positions, two different people must sign the application, unless that person holds all positions.

Signature of President or Vice President	Printed name of President or Vice President	Date
Signature of Secretary or Assistant Secretary	Printed name of Secretary or Asst. Secretary	Date

**NOTE:** Persons who sign documents filed with the commissioner that are known to the person to be false in material respects are guilty of a class A misdemeanor.

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### CONTACT INFORMATION SHEET

Please return this document with your filing. This information will only be used to resolve questions with the filings attached. **NOTE:** this form will not be filed for record or appear online.

Name of entity as it appears on filing:

To resolve questions with this filing, contact:

Name:	
Email:	Phone:
Mailing address:	

Return documents to:

Name:
Company:
Mailing address:

Attach this form to your filings. Send all documents to:  
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