

ARTICLES OF INCORPORATION FOR-PROFIT or PROFESSIONAL CORPORATION

Read the Instructions [C010i](#)

1. ENTITY TYPE – check only one to indicate the type of entity being formed:

FOR-PROFIT (BUSINESS) CORPORATION PROFESSIONAL CORPORATION

2. ENTITY NAME – see Instructions C010i for naming requirements – give the exact name of the corporation:

3. PROFESSIONAL CORPORATION SERVICES – if professional corporation is checked in number 1, briefly describe the professional service or services that the professional corporation will provide (examples: law firm, accounting, medical):

4. CHARACTER OF BUSINESS – briefly describe the character of business the corporation initially intends to conduct in Arizona. **NOTE** that the character of business that the corporation ultimately conducts is not limited by the description provided.

5. SHARES – see Instructions C010i – list the class (common, preferred, etc.) and total number of shares of each class that the corporation is **AUTHORIZED** to issue – the total must be greater than zero. If more space is needed, check this box and complete and attach the [Shares Authorized Attachment](#) form C087.

Class: _____ Series: _____ Total: _____

Class: _____ Series: _____ Total: _____

6. ARIZONA KNOWN PLACE OF BUSINESS ADDRESS:

6.1 Is the Arizona known place of business address the same as the **street address** of the statutory agent? Yes – go to number 7 and continue

No – go to number 6.2 and continue

6.2 If you answered “**No**” to number 6.1, give the **physical or street address** (not a P.O. Box) of the known place of business of the corporation in Arizona:

Attention (optional)		
Address 1		
Address 2 (optional)		
City	State or Province	Zip
Country		

7. DIRECTORS - list the **name and business address** of each and every Director of the corporation. If more space is needed, check this box and complete and attach the [Director Attachment](#) form C082.

Name				Name			
Address 1				Address 1			
Address 2 (optional)				Address 2 (optional)			
City	<input type="text"/>	State or Province	Zip	City	<input type="text"/>	State or Province	Zip
Country	<input type="text"/>			Country	<input type="text"/>		
Name				Name			
Address 1				Address 1			
Address 2 (optional)				Address 2 (optional)			
City	<input type="text"/>	State or Province	Zip	City	<input type="text"/>	State or Province	Zip
Country	<input type="text"/>			Country	<input type="text"/>		
Name				Name			
Address 1				Address 1			
Address 2 (optional)				Address 2 (optional)			
City	<input type="text"/>	State or Province	Zip	City	<input type="text"/>	State or Province	Zip
Country	<input type="text"/>			Country	<input type="text"/>		

8. STATUTORY AGENT – [see Instructions C010](#):

8.1 REQUIRED – give the name (can be an individual or an entity) and physical or street address (not a P.O. Box) in Arizona of the statutory agent:				8.2 OPTIONAL – mailing address in Arizona of statutory agent (can be a P.O. Box):			
Statutory Agent Name (required)							
Attention (optional)				Attention (optional)			
Address 1				Address 1			
Address 2 (optional)				Address 2 (optional)			
City	<input type="text"/>	State	Zip	City	<input type="text"/>	State	Zip
8.3 REQUIRED - the Statutory Agent Acceptance form M002 must be submitted along with these Articles of Incorporation.							

9. **REQUIRED** - you must complete and submit with the Articles a [Certificate of Disclosure](#). The Articles will be rejected if the Certificate of Disclosure is not simultaneously submitted.
10. **INCORPORATORS** - list the **name and address**, and provide the **signature**, of each and every incorporator - minimum of one is required. If more space is needed, check this box and complete and attach the [Incorporator Attachment](#) form C084.

Name		
Address 1		
Address 2 (optional)		
City	State	Zip
Country		

SIGNATURE - [see Instructions C010i](#):

By checking the box marked "I accept" below, I acknowledge *under penalty of law* that this document together with any attachments is submitted in compliance with Arizona law.

I ACCEPT

Signature	
Printed Name	Date

Name		
Address 1		
Address 2 (optional)		
City	State	Zip
Country		

SIGNATURE - [see Instructions C010i](#):

By checking the box marked "I accept" below, I acknowledge *under penalty of law* that this document together with any attachments is submitted in compliance with Arizona law.

I ACCEPT

Signature	
Printed Name	Date

Expedited or Same Day/Next Day services are available for an additional fee – see Instructions or Cover sheet for prices.

Filing Fee: \$60.00 (regular processing) All fees are nonrefundable - see Instructions.	Mail: Arizona Corporation Commission - Examination Section 1300 W. Washington St., Phoenix, Arizona 85007 Fax (for Regular or Expedite Service ONLY): 602-542-4100 Fax (for Same Day/Next Day Service ONLY): 602-542-0900
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Please be advised that A.C.C. forms reflect only the **minimum** provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business. All documents filed with the Arizona Corporation Commission are **public record** and are open for public inspection. If you have questions after reading the Instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.