

Secretary of State Business Programs Division

Business Entities 1500 11th Street, Sacramento, CA 95814 P.O. Box 944260, Sacramento, CA 94244-2600

Business Entities Submission Cover Sheet

For fastest service, file online at bizfileOnline.sos.ca.gov.

Instructions:

- Complete and include this form with your paper submission. This form will not be made part of the filed document.
- Make all checks or money orders payable to the Secretary of State.
- In-person submissions (excluding Statements of Information): \$15 special handling fee. Do not include a \$15 special handling fee when submitting documents by mail.
- All submissions are reviewed in the date order of receipt, with online submissions given priority.
 For updated processing time information, visit www.sos.ca.gov/business/be/processing-dates.
- To obtain a certified copy, include certification fees with your submission.

Note: All correspondence related to your submission will be sent to the name and address on your check or money order.

Contact Person (Please type or print legibly):

First Name:	Last Name:		
Phone Number:	Email:		
Entity Information (Please type or print l	egibly):		
Entity Name:			
Entity Number (if applicable):			
Comments:			



ARTS-GS

Filing Fee - \$100.00

Certified Copy Fee (Optional) - \$5.00

Note: The annual minimum \$800 tax to the California Franchise Tax Board

remains due and is not subject to the processing fee waiver. For information, go to ftb.ca.gov .	more	This Space Ed	or Office	Haa Onl	lv.
Corporate Name (Go to www.sos.ca.gov/business/be/name-res	ervations for general	This Space Fo			
1. Col por ate Haine (Go to www.sos.ca.gov/business/be/name-res	ervations for general	corporate name requiremen	its and res	MICHOIS.)	
The name of the corporation is					
2. Business Addresses (Enter the complete business addresses	s.)				
a. Initial Street Address of Corporation - Do not list a P.O. Box	City (no abbrevia	City (no abbreviations)		Zip Cod	de
b. Initial Mailing Address of Corporation, if different than item 2a	City (no abbrevia	City (no abbreviations)		Zip Cod	de
3. Service of Process (Must provide either Individual OR Corporat	ion.)				
INDIVIDUAL – Complete Items 3a and 3b only. Must include agent's	full name and Califor	rnia street address.			
a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name			Suffix
	City (no abbrevi	ations)	Ctata	7in Co	da
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbrevi	ations)	State Zip Code CA		
CORPORATION – Complete Item 3c. Only include the name of the r	egistered agent Corp	oration.			
c. California Registered Corporate Agent's Name (if agent is a corporation) – D	o not complete Item 3	a or 3b			
4. 01					
4. Shares (Enter the number of shares the corporation is authorized	to issue. Do not lea	ve blank or enter zero (0).)			
This corporation is authorized to issue only one class of sha					
The total number of shares which this corporation is author	ized to issue is _		· · · · · · · · · · · · · · · · · · ·		
5. Purpose Statement (Do not alter the Purpose Statement.)					
The purpose of the corporation is to engage in any lawfu under the General Corporation Law of California other that practice of a profession permitted to be incorporated by the	n the banking bu	isiness, the trust com			
6. Read and Sign Below (This form must be signed by each in	corporator.)				
5	, ,				
			 		
Signature	Type o	Type or Print Name			