



Vermont Secretary of State
APPLICATION FOR CERTIFICATE OF AUTHORITY
of a non-Vermont Corporation (profit, nonprofit, or cooperative)
seeking to do business in the state of Vermont

PLEASE RETURN EVIDENCE OF FILING TO: (Name and Address)

Processed by: _____
FOR OFFICE USE ONLY

PLEASE REVIEW INSTRUCTIONS PAGE BEFORE BEGINNING.

1. BUSINESS NAME REQUIRED – NAME MUST INCLUDE, OR ADD FOR USE IN VERMONT, A CORPORATE IDENTIFIER SUCH AS "CORP," "INC," "CO," "LTD," "PC," "PA," LTD," OR "SC"
– SEE INSTRUCTION PAGE FOR COMPLETE LIST OF OPTIONS

2. DOMESTIC STATE: REQUIRED – US STATE OR NON-US COUNTRY.
MUST ATTACH CERTIFICATE OF GOOD STANDING (OR EQUIVALENT) FROM SECRETARY OF STATE OF DOMESTIC STATE, DATED WITHIN 30 DAYS OF FILING

3. DATE OF INCORPORATION: REQUIRED _____

4. TYPE OF CORPORATION: REQUIRED –SELECT ONE (1) OF THE FOLLOWING

This is a **profit** corporation.

FISCAL YEAR END (Month): OPTIONAL _____ DECEMBER IS DEFAULT IF NOT PROVIDED
PROFIT CORPORATION ANNUAL REPORTS ARE DUE EACH YEAR WITHIN FIRST 2.5 MONTHS OF FISCAL YEAR END

This is a **nonprofit** corporation.

NONPROFIT CORPORATION BIENNIAL REPORTS ARE DUE EVERY 2 YEARS BETWEEN **JANUARY 1ST AND APRIL 1ST** BEGINNING THE **FIRST** YEAR FOLLOWING QUALIFICATION

a. BENEFIT TYPE: REQUIRED –SELECT ONE (1) OF THE FOLLOWING

This Nonprofit would be a **public benefit** corporation as defined in 11B V.S.A. § 17.05, if it had been initially formed in Vermont.

This Nonprofit would be a **mutual benefit** corporation as defined in 11B V.S.A. § 17.05, if it had been initially formed in Vermont.

b. MEMBER ORGANIZATION STATUS: REQUIRED –SELECT ONE (1) OF THE FOLLOWING

This Nonprofit **is** a member organization.

This Nonprofit **is not** a member organization.

5. PERIOD OF DURATION: IF ANY _____

6. INITIAL PRINCIPAL OFFICE: REQUIRED

a. Street Address: NO PO BOX _____

City/Town: _____ State: _____ ZIP: _____ - _____

b. Mailing Address: _____

City/Town: _____ State: _____ ZIP: _____ - _____

7. INITIAL REGISTERED OFFICE AND AGENT: REQUIRED

a. Registered Agent: PERSON OR BUSINESS ENTITY TO WHOM SERVICE OF PROCESS IS TO BE SERVED AT THE DESIGNATED OFFICE (LISTED BELOW) AND THE MAILING POINT OF CONTACT FOR THE SECRETARY OF STATE FOR THIS ENTITY.

Name: _____

Mailing Address: _____

City/Town: _____ State: **VT** ZIP: _____ - _____

E-Mail Address: _____

b. Registered Office: LOCATION AT WHICH REGISTERED AGENT MAY NORMALLY BE FOUND DURING REGULAR BUSINESS HOURS.

Street Address: NO PO BOX _____

City/Town: _____ State: **VT** ZIP: _____ - _____



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8. CURRENT DIRECTOR(S) *REQUIRED – MINIMUM OF 1*

- a. **Director Name:** _____
Address: _____
City/Town: _____ State: _____ ZIP: _____ - _____
E-Mail Address: _____
- b. **Director Name:** _____
Address: _____
City/Town: _____ State: _____ ZIP: _____ - _____
E-Mail Address: _____
- c. **Director Name:** _____
Address: _____
City/Town: _____ State: _____ ZIP: _____ - _____
E-Mail Address: _____

CHECK IF APPLICABLE:

This corporation has more than three (3) directors. *MUST ATTACH A COMPLETE LIST OF ADDITIONAL PRINCIPLES.*

9. CURRENT OFFICER(S) *REQUIRED – IF APPOINTED*

- a. **President Name:** _____
Address: _____
City/Town: _____ State: _____ ZIP: _____ - _____
E-Mail Address: _____
- b. **Vice President Name:** _____
Address: _____
City/Town: _____ State: _____ ZIP: _____ - _____
E-Mail Address: _____
- c. **Secretary Name:** _____
Address: _____
City/Town: _____ State: _____ ZIP: _____ - _____
E-Mail Address: _____
- d. **Treasurer Name:** _____
Address: _____
City/Town: _____ State: _____ ZIP: _____ - _____
E-Mail Address: _____

CHECK IF APPLICABLE:

This corporation has more than four (4) Officers. *MUST ATTACH A COMPLETE LIST OF ADDITIONAL PRINCIPLES.*

CERTIFICATION OF DOCUMENT: *REQUIRED*

I hereby certify, under penalty of law, (11A/B V.S.A. §1.29), as a director listed above (under line 8), that the above information is accurate; and that this document is provided in duplicate with a Check or Money Order made payable to "VT SOS" in the amount of \$125.00.

Printed Name of Director

Signature of Director

Date

PLEASE REVIEW INSTRUCTIONS PAGE ON REVERSE BEFORE FILING.