



DELBERT HOSEMANN
Secretary of State

Articles of Incorporation

11 F0001

OFFICE OF THE MISSISSIPPI SECRETARY OF STATE
P O BOX 136, JACKSON, MS 39205-0136 (601)359-1633

1. Type of corporation: profit nonprofit Email: _____

2. Name of the corporation:

[Empty text box for corporation name]

3. The future effective date is
(complete if applicable)

[Empty text box for effective date]

4. **FOR NONPROFITS ONLY:** The period of duration is _____ years or perpetual

The initial planned nonprofit activity

[Empty text box for initial planned nonprofit activity]

5. **FOR PROFITS ONLY:** The number (and classes) if any of shares the corporation is authorized to issue is/are as follows:

Classes Number of shares authorized If more than (1) class of shares is
 Authorized the preferences, limitations and
 la rights of each class are as follows:

[Empty text box for class name]

[Empty text box for number of shares authorized]

[Empty text box for class name]

[Empty text box for number of shares authorized]

[Empty text box for preferences, limitations and rights of each class]

FOR ALL:

6. Name and street address of the Registered Agent and office:

Name: [Empty text box]

Physical address: [Empty text box]

P.O. Box (if one): [Empty text box]

City, State, Zip: [Empty text box]

Please make the \$50 check for the filing fee payable to the MISSISSIPPI SECRETARY OF STATE. Mail the completed form with payment to SECRETARY OF STATE, PO BOX 136, Jackson, MS 39205-0136. For assistance contact a customer service representative at (601) 359-1633 or visit our website at www.sos.ms.gov for forms and instructions.



DELBERT HOSEMANN
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Articles of Incorporation

**OFFICE OF THE MISSISSIPPI SECRETARY OF STATE
P O BOX 1020, JACKSON, MS 39215-1020 (601)359-1633**

7. The name and complete address of each incorporator:

Name:

Street:

City, State, Zip:

Name:

Street:

City, State, Zip:

Name:

Street:

City, State, Zip:

8. Other provisions: see attached

9. Incorporators' signatures (please keep writing within blocks):

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