APPLICATION FOR CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS (Non-Profit Corporations)

Robert B. Evnen, Secretary of State P.O. Box 94608 Lincoln, NE 68509 www.sos.nebraska.gov

Attach a certificate of good standing duly authenticated by the official having custody of the corporate records in the state or country under whose law the corporation is incorporated. Such certificate shall not be more than 60 days old. A certified copy of the articles of incorporation should not be submitted and is not acceptable in lieu of such certificate.

Name of Corporation

* Include a resolution from the Board of Directors signed by the Secretary adopting this fictitious name

Incorporated und	ler the laws of							
Date Incorporation	Date Incorporation, Period of Duration							
Corporate Type (check one) Public Benefit Mutual Benefit Religious								
Does the Corpora	ation Have Members? Yes	No						
Address of Princ	ipal Office							
	Street Address	City	State	Zip				
Registered Agen	t							
Registered Office	2		NE					
C	Street Address and Post Office Box (if any	y) City	Zip					
Effective date if of	ther than the date filed	_						

Signature

Printed Name/Title

NOTE: Every filing must be signed by the chairperson of the board of directors, the president, or one of the officers of the corporation. If the corporation has not yet been formed or directors have not yet been selected, the filing shall be signed by an incorporator. If the corporation is in the hands of a receiver, trustee, or other court appointed fiduciary, the filing shall be signed by that fiduciary.

NOTE: To complete this filing you must provide a list of officers and directors names and street addresses.

FILING FEE: \$30.00 (In-Office) / \$25.00 (Online)

Revised 07/01/2021

OFFICERS:

DIRECTORS:

Name/Title Street Address			Name		
			Street Address		
City	State	Zip	City	State	Zip
Name/Title			Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Name/Title			Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Name/Title			Name		
Street Address			Street Address		
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Name/Title			Name		
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Name/Title			Name		
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City	State	Zip	City	State	Zip

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