

## Filing Form Cover Letter

Please return the approval certificate to:

Name *(Individual or Business Name)*:

To the Attention of *(if necessary)*:

Address:

City:

State

ZIP Code:

Phone Number:

E-mail Address:

- Check here if you would like to receive important notices via e-mail from the Ohio Secretary of State's office regarding Business Services.
- Check here if you would like to be signed up for our Filing Notification System for the business entity being created or updated by filing this form. This is a free service provided to notify you via e-mail when any document is filed on your business record.

Please make checks or money orders payable to: "Ohio Secretary of State"

Type of Service Being Requested: (PLEASE CHECK **ONE** BOX BELOW)

- Regular Service:** Only the filing fee listed on page one of the form is required and the filing will be processed in approximately 3-7 business days. The processing time may vary based on the volume of filings received by our office.
- Expedite Service 1:** By including an Expedite fee of \$100.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 2 business days after it is received by our office.
- Expedite Service 2:** By including an Expedite fee of \$200.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 1 business day after it is received by our office. **This service is only available to walk-in customers who hand deliver the document to the Client Service Center.**
- Expedite Service 3:** By including an Expedite fee of \$300.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 4 hours after it is received by our office, if received by 1:00 p.m. **This service is only available to walk-in customers who hand deliver the document to the Client Service Center.**
- Preclearance Filing:** A filing form, to be submitted at a later date for processing, may be submitted to be examined for the purpose of advising as to the acceptability of the proposed filing for a fee of \$50.00. The Preclearance will be complete within 1-2 business days.



Mail this form to one of the following:  
Regular Filing (non expedite)  
P.O. Box 670  
Columbus, OH 43216  
Expedite Filing (Two business day processing time.  
Requires an additional \$100.00)  
P.O. Box 1390  
Columbus, OH 43216

**Initial Articles of Incorporation**  
**(Professional Association, Domestic Corporation)**  
**Filing Fee: \$99**  
**(170 - ARP)**  
**Form Must Be Typed**

**First:** Name of Corporation

(Name must include the following word or abbreviation:  
company, co., corporation, corp., incorporated, or inc.)

Corporation's Profession

**Second:** Location of Principal Office in Ohio

City

State

County

**Optional:** Effective Date (MM/DD/YYYY)

(The legal existence of the corporation begins upon  
the filing of the articles or on a later date specified  
that is not more than ninety days after filing.)

**Third:** The number of shares which the corporation is authorized to have outstanding.  
(Please state if shares are common or preferred and their par value, if any.)

Number of Shares

Type of Shares

Par Value of Shares

**Fourth:** If the corporation is to have an initial stated capital, please state the amount of that stated capital.

Amount

\*\* Note: ORC Chapter 1701 allows additional provisions to be included in the Articles of Incorporation that are filed with this office. If including any of these additional provisions, please do so by including them in an attachment to this form. \*\*

## Original Appointment of Statutory Agent

The undersigned, being at least a majority of the incorporators of

(Name of Corporation)

hereby appoint the following to be Statutory Agent upon whom any process, notice or demand required or permitted by statute to be served upon the corporation may be served. The complete address of the agent is:

(Name of Statutory Agent)

(Mailing Address)

(Mailing City)

(Mailing State)

(Mailing ZIP Code)

Must be signed by  
the incorporators or  
a majority of the  
incorporators.

(Signature)

(Signature)

(Signature)

## Acceptance of Appointment

The Undersigned,

, named herein as the

(Name of Statutory Agent)

Statutory agent for

(Name of Corporation)

hereby acknowledges and accepts the appointment of statutory agent for said corporation.

Statutory Agent Signature

(Individual Agent's Signature / Signature on Behalf of Business Serving as Agent)

**By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.**

**Required**

Articles and original appointment of agent must be signed by the incorporator(s).

Signature

By (if applicable)

If the incorporator is an individual, then they must sign in the "signature" box and print his/her name in the "Print Name" box.

Print Name

If the incorporator is a business entity, not an individual, then please print the entity name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print his/her name and title/authority in the "Print Name" box.

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

# Instructions for Initial Articles of Incorporation (For Domestic Professional Associations)

This form should be used if you wish to file articles of incorporation for a domestic professional association.

A professional association is formed by an individual or group of individuals each of whom is licensed, certificated, or authorized to render within this state the same kind of professional service, please indicate the profession under the corporate name.

## **Name of Corporation**

The name of the corporation must be in compliance with Ohio Revised Code §1701.05. The name must end with or include the word or abbreviation “company,” “co.,” “corporation,” “corp.,” “incorporated,” or “inc.” The name must be distinguishable on the records in the office of the secretary of state.

## **Ohio Principal Office Location**

Please state the city and county in Ohio where the principal office of the corporation is to be located.

## **Effective Date (optional)**

An effective date may be provided but is not required. Pursuant to Ohio Revised Code §1701.04(E), the legal existence of the corporation begins upon the filing of the articles or on a later date specified in the articles. The effective date cannot (1) precede the date of filing with our office or (2) be more than ninety (90) days after the date of filing. If an effective date is given that precedes the date of filing, the effective date of the corporation will be the date of filing. If an effective date is given that exceeds the date of filing by more than ninety (90) days, our office will return the filing to you and request that a proper effective date be provided.

## **Authorized Number and Par Value of Shares**

Pursuant to Ohio Revised Code §1701.04(A)(3) and (4), please state the authorized number of shares, the type (common or preferred), and the par value, if any. Note: The express terms of the shares of each class must be attached. (See ORC 111.16(A)(2) for additional fee information.)

## **Initial Stated Capital**

If the corporation is to have an initial stated capital, please state the amount of that stated capital. Pursuant to §1785.05, a professional corporation may issue its capital stock only to persons who are duly licensed, certificated, or otherwise legally authorized to render within this state the same professional service as that for which the entity was organized.

## **Original Appointment of Statutory Agent and Acceptance of Appointment**

Pursuant to Ohio Revised Code §1701.07, an Ohio Corporation must appoint and maintain a statutory agent to accept service of process on behalf of the corporation. We cannot accept articles of incorporation unless the statutory agent information is provided. The statutory agent must be one of the following: (1) A natural person who is a resident of this state; or (2) A domestic or foreign corporation, nonprofit corporation, limited liability company, partnership, limited partnership, limited liability partnership, limited partnership association, professional association, business trust, or unincorporated nonprofit association that has a business address in this state. If the agent is a business entity then the agent must meet the requirements of Title XVII of the Revised Code to transact business or exercise privileges in Ohio. The statutory agent must also sign the Acceptance of Appointment at the bottom of page 2.

## **Additional Provisions**

If the information you wish to provide for the record does not fit on the form, please attach additional provisions on a single-sided, 8 ½ x 11 sheet(s) of paper.

## **Signature(s) - Required**

After completing all information on the filing form, please make sure that page 3 is signed by the incorporator(s).

Articles and original appointment of agent must be signed by the incorporator(s).

If the incorporator is an individual, then they must sign in the "signature" field and print (type) his/her name in the "Print Name" field.

If the incorporator is a business entity, not an individual, then please print (type) the entity name in the "signature" field, an authorized representative of the business entity must sign in the "By" field and print (type) his/her name and title/authority in the "Print Name" field.

A typed name signifies an "intent to sign" which is acceptable.

## **Note**

Ohio Revised Code Chapter 1726 requires our office to submit Articles of Incorporation, or any amendment or amendments thereof, to the attorney general for examination. This process will require an extra 5-7 days to process the document. In addition, ORC 1726.11 requires a community development corporation to submit an annual financial report to the auditor of state within one hundred twenty days following the last day of the corporation's fiscal year.

## **Note**

Our office cannot file or record a document which contains a Social Security number or tax identification number. Please do not enter a Social Security number or tax identification number, in any format, on this form.