

STATE OF MONTANA

Prepare, sign, submit with an original signature and filing fee  
This is the minimum information required.

ARTICLES of INCORPORATION for  
DOMESTIC PROFIT CORPORATION

MAIL: LINDA McCULLOCH  
Secretary of State  
P.O. Box 202801  
Helena, MT 59620-2801  
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(This space for use by the Secretary of State only)

Filing Fee: \$70.00

- 24 Hour Priority Filing Add \$20.00
- 1 Hour Expedite Filing Add \$100.00

Executed by the undersigned person for the purpose of forming a Montana corporation ([35-1-216, MCA](#)).

- 1. The name of this Corporation is (must contain the word "corporation", "incorporated", "company", or "limited" or an abbreviation. If professional, must contain the words "professional corporation" or an abbreviation ([35-4-206, MCA](#)))

\_\_\_\_\_

If the document is hand written, please print legibly or the application may be denied.

- 2. Mark these boxes **ONLY** if this corporation is a **Close Corporation**.  
 This Corporation is a **close corporation** operating  with directors  without directors.

- 3. The name and address of its registered office/agent in Montana:  
**Appointment of the Registered Agent is confirmation of the agent's consent.**

Registered Agent: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address (if different from street address: \_\_\_\_\_

City: \_\_\_\_\_, MT Zip Code: \_\_\_\_\_

Signature of Agent: \_\_\_\_\_

- 4. The number of shares of Capital Stock which the Corporation has the authority to issue is (can not be left blank or "zero"): \_\_\_\_\_. Such Capital Stock shall have no par value.

- 5. The name and address of the incorporator is as follows:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

- 6. \_\_\_\_\_  
Signature of Incorporator \_\_\_\_\_ Date (Mo/Day/Year) \_\_\_\_\_

Daytime Contact: Phone \_\_\_\_\_ Email \_\_\_\_\_