



Ed Murray
Wyoming Secretary of State
 2020 Carey Avenue, Suite 700
 Cheyenne, WY 82002-0020
 Ph. 307.777.7311
 Fax 307.777.5339
 Email: Business@wyo.gov

For Office Use Only

Foreign Profit Corporation Articles of Continuance

Pursuant to W.S. 17-16-1810 the undersigned hereby submits the following Articles of Continuance:

1. Corporation name:

2. Incorporated under the laws of:

(State or country)

3. Date of incorporation:

(Date – mm/dd/yyyy)

4. Period of duration:

(This is referring to the length of time the corporation intends to exist and not the length of time it has been in existence. The most common term used is "perpetual.")

5. Mailing address of the corporation:

6. Principal office address:

7. Name and physical address of its registered agent:

*(The registered agent may be an individual resident in Wyoming or a domestic or foreign business entity authorized to transact business in Wyoming. **The registered agent must have a physical address in Wyoming.** If the registered office includes a suite number, it must be included in the registered office address. A Drop Box is not acceptable. A PO Box is acceptable if listed **in addition to a physical address.**)*

Name:

Address:

*(If mail is received at a Post Office Box, please list above **in addition to the physical address.**)*

8. Purpose of the corporation which it proposes to pursue in the transaction of business in this state:

9. Names and respective addresses of its officers and directors:

| <u>Office</u> | <u>Name</u> | <u>Address</u> |
|----------------|----------------------|----------------------|
| President | <input type="text"/> | <input type="text"/> |
| Vice President | <input type="text"/> | <input type="text"/> |
| Secretary | <input type="text"/> | <input type="text"/> |
| Treasurer | <input type="text"/> | <input type="text"/> |
| Director | <input type="text"/> | <input type="text"/> |
| Director | <input type="text"/> | <input type="text"/> |
| Director | <input type="text"/> | <input type="text"/> |

10. Aggregate number of shares or other ownership units which it has the **authority to issue**.

(Itemize by classes, par value of shares, shares without par value and series, if any, within a class.)

11. Aggregate number of **issued shares** or other ownership units.

(Itemize by classes, par value of shares, shares without par value and series, if any, within a class.)

12. The corporation accepts the constitution of the state of Wyoming in compliance with the requirement of Article 10, Section 5 of the Wyoming Constitution.

Signature: _____

(Shall be executed by an officers or director of the corporation.)

Date:

(mm/dd/yyyy)

Print Name:

Title:

Contact Person:

Daytime Phone Number:

Email:

(Email provided will receive annual report reminders and filing evidence.)

**May list multiple email addresses*

State of _____ County of _____

The foregoing instrument was acknowledged before me by _____

Signatory's Printed Name

Notary Public's Signature

Notary Date (mm/dd/yyyy)

Notary's Commission Expiration

Notarial Seal:

REQUIRED ATTACHMENT TO INCLUDE WITH THE FILING

A certified copy of its original Articles of Incorporation and all amendments currently certified within the last six (6) months by the proper officer of the state or nation of formation.

A copy of the company resolution authorizing continuance of the Profit Corporation into Wyoming.

Note: Please **provide evidence showing the entity has been dissolved** after the continuation into Wyoming has been completed. Copies of the dissolution are acceptable and can be emailed to business@wyo.gov or mailed in.