

**STATE OF ALABAMA**

**DOMESTIC BUSINESS CORPORATION  
CERTIFICATE OF INCORPORATION**

**PURPOSE:** In order to form a Business Corporation under Section 10A-1-3.05 and 10A-2A-2.02 of the Code of Alabama 1975 this Certificate Of Incorporation and the appropriate filing fee must be filed with the Office of the Secretary of State. **The information required in this form is required by Title 10A.**

**INSTRUCTIONS:** Mail one (1) signed original and one (1) copy of this completed form along with a self-addressed, stamped envelope with the filing fee of \$100.00 (credit card, check, or money order) to the **Secretary of State, Business Services, P.O. Box 5616, Montgomery, Alabama 36103-5616**. The Certificate will not be registered if the credit/debit card does not authorize and will be removed from the index if the check is dishonored (\$30 fee).

**This form must be typed.**

1. The name of the corporation (must contain the word "corporation" or "incorporated," or the abbreviation of one of those words, and comply with Code of Alabama Title 10A-1-5.04):

\_\_\_\_\_

2. **A copy of the Name Reservation certificate from the Office of the Secretary of State must be attached.**

3. Street (**No PO Boxes**) address of principal office of the corporation: \_\_\_\_\_

\_\_\_\_\_

Mailing address of principal office (if different from street address): \_\_\_\_\_

\_\_\_\_\_

**(For SOS Office Use Only)**

This form was prepared by: (type name and full address)

**DOMESTIC BUSINESS CORPORATION CERTIFICATE OF INCORPORATION**

4. The name of the Registered Agent: \_\_\_\_\_

Street (**No PO Boxes**) address of Registered Agent: \_\_\_\_\_

\_\_\_\_\_  
Mailing address of Registered Agent (if different from street address): \_\_\_\_\_

5. Purpose for which corporation is formed: \_\_\_\_\_

\_\_\_\_\_; the purpose includes the transaction of any lawful business for which corporations may be incorporated in Alabama under Title 10A, Chapter 2A of the Code of Alabama.

6. Amount of stock the corporation is authorized to issue: \_\_\_\_\_ Par Value \_\_\_\_\_  
(Par value is optional information and does not have to be completed.)

7. Period of duration shall be perpetual unless stated otherwise by an attached exhibit.

8. The name(s) of the Incorporator(s): \_\_\_\_\_

Street (**No PO Boxes**) address of Incorporator(s): \_\_\_\_\_

\_\_\_\_\_  
Mailing address of Incorporator(s) – (if different from street address): \_\_\_\_\_

**Attach a listing if more Incorporators need to be added.**

9. A director has no liability to the corporation or its stockholders for money damages for any action taken, or any failure to take any action, as a director, except liability for (A) the amount of financial benefit received by a director to which he or she is not entitled; (B) an intentional infliction of harm on the corporation or the stockholders; (C) a violation of Section 10A-2A-8.32; (D) an intentional violation of criminal law; or (E) a breach of the director's duty of loyalty to the corporation or its stockholders.

\_\_\_\_\_ Attached are any other provisions that are not inconsistent with law relating to organization, ownership, governance, business, or affairs of the corporation.

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\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Signature as required by 10A-2A-1.20

\_\_\_\_\_  
Typed Name of Above Signature

\_\_\_\_\_  
Typed Title/Capacity to Sign under 10A-2A-1.20

\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Signature as required by 10A-2A-1.20

\_\_\_\_\_  
Typed Name of Above Signature

\_\_\_\_\_  
Typed Title/Capacity to Sign under 10A-2A-1.20

**Secretary of State Payment Option Sheet:** If you do not send an acknowledgement copy and a pre-addressed postage paid envelope with the filing, you will not receive a credit card or prepaid account receipt from the Secretary of State's Office. If you opt for the email return of documents the credit card receipt will be emailed with the document. Hold for pickup request – acknowledgement copy will have the receipt attached. The document of record will be stamped showing the receipt of the filing fee but will not show convenience fees which will be charged; (generally these fees are between 2% and 5% of the total charge).

**Information MUST be typed.**

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

Service Requested:      X   \$100.00 Certificate of Incorporation filing fee  
                                  \_\_\_\_\_ \$100.00 Expedite fee

Hold at Front Desk for Pick-up by: \_\_\_\_\_  
(Service providers who run couriers for pick-up – we do not have a call for pick-up service)

Return via email (only one email): \_\_\_\_\_  
**No paper copy will be sent if email is provided.**

\_\_\_\_\_ Check is attached - Please make one check payable for the total amount of the fees to the Alabama Secretary of State.

\_\_\_\_\_ Charge fees to prepaid account: Account Number \_\_\_\_\_  
and Account Name \_\_\_\_\_

\_\_\_\_\_  
Typed Name & Signature of Authorized Individual on Account

\_\_\_\_\_ Credit Card Type: \_\_\_\_\_ (Visa, MC, Discover & AmEx)

Card Number: \_\_\_\_\_ Expiration Mo/Yr: \_\_\_\_/\_\_\_\_ (MM/YY)

Card Holder Name: \_\_\_\_\_

Complete Billing Address: \_\_\_\_\_  
Street or PO

\_\_\_\_\_ City State Zip

Signature of Card Holder: \_\_\_\_\_  
MUST be Signature of Card Holder