



FOREIGN REGISTRATION STATEMENT

State Form 56369 (R4 / 7-18)

SECRETARY OF STATE
 BUSINESS SERVICES DIVISION
 302 West Washington Street, Room E018
 Indianapolis, IN 46204
 Telephone: (317) 232-6576
www.sos.in.gov

- INSTRUCTIONS:**
1. Use 8½" x 11" white paper for attachments.
 2. Please **TYPE** or **PRINT** in **INK**.
 3. Please visit our office on the web at www.sos.IN.gov
 4. Make check or money order payable to the Secretary of State.
 5. Submit original completed paperwork and payment to: 302 West Washington Street, Room E-018, Indianapolis, IN 46204.

- REQUIREMENTS:**
1. Applicants must submit a certificate of existence issued by the proper authority within the last sixty (60) days.
 2. Professional corporations must complete the professional license information below.

INFORMATION CONTAINED ON THIS PAGE IS NOT PART OF THE PUBLIC RECORD.

Name of business
E-mail address of business (SOS use only)

RETURN DOCUMENTS TO:

Name		
Street address, line 1		
Street address, line 2		
City	State	ZIP code
Telephone number ()	E-mail address (If different from above – SOS use only)	

FOR PROFESSIONAL CORPORATIONS ONLY

Please complete the following section so the Indiana Secretary of State can verify licensing information.
 Information for only one shareholder is required.

Name	Address (number and street, city, state, and ZIP code)	Profession	Indiana License Number	Status
				Shareholder
				Shareholder
				Shareholder
				Shareholder
				Shareholder





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Indiana Code 23-0.5-5-3
23-0.5-9-26
23-0.5-9-29
23-1.5-2-3

FILING FEE:
For-Profit Entities: \$125.00
Foreign Master LLCs: \$250.00
Nonprofit Corporations: \$75.00

FOREIGN REGISTRATION STATEMENT

The undersigned, desiring to register a foreign entity with the Secretary of State pursuant to the provisions of Indiana Code 23-0.5-5-3, executes the following Foreign Registration Statement.

ARTICLE I – NAME OF ENTITY

Legal name of the entity *(The name must comply with Indiana Code 23-0.5-3-1.)*

If the name does not comply with Indiana Code 23-0.5-3-1, the alternate name of the entity adopted under Indiana Code 23-0.5-5-6

ARTICLE II – ENTITY INFORMATION

Entity type *(select one)*

Corporation, including Benefit Corporation and Professional Corporation Nonprofit Corporation Limited Liability Company
 Master Limited Liability Company Series Limited Liability Partnership Limited Partnership

If the entity is a nonprofit corporation, indicate if the corporation will have members. Yes No members

If the corporation had been incorporated in Indiana, it would be a *(select one)*

Public Benefit Corporation Mutual Benefit Corporation Religious Corporation

If the entity is a Limited Liability Company or Master Limited Liability Company, the Limited Liability Company will be managed by its manager or managers.
 Yes No The LLC will be a single-member LLC. *(optional)*

If the entity is a Master Limited Liability Company, the Master LLC is authorized transact business in Indiana in accordance with Indiana Code 23-18.1 and is organized under a law that allows for the designation of one (1) or more series.

The jurisdiction of formation

Date the entity was formed in its jurisdiction of formation *(month, day, year)*

ARTICLE III – STREET ADDRESS

The street address of the foreign entity:

Number and street City State ZIP code

ARTICLE IV – REGISTERED AGENT INFORMATION

To determine if your Registered Agent is a Commercial Registered Agent (CRA), go to INBIZ.in.gov.

Electronic Service of Process Information

Sending an e-mail to the e-mail address provided by a registered agent is NOT sufficient to effectuate valid service of process.

The Secretary of State is currently collecting a service of process e-mail address for registered agents under IC 23-0.5-4-3. Until the Indiana Supreme Court writes rules and develops a technical solution, valid service may not be effectuated electronically.

If you do not want to provide a service of process e-mail address, you may choose to use a commercial registered agent. Because all commercial registered agents are required to have a service of process e-mail address on record with the Secretary of State, choosing to use a commercial registered agent means that you are not required to provide another service of process e-mail address.

Provide either commercial registered agent or noncommercial registered agent information below.

Commercial registered agent Name of registered agent *(Do not provide address.)*

OR

Noncommercial registered agent Name of registered agent

Address *(number and street) (A P.O. Box is not acceptable unless accompanied by a Rural Route number.)* City State ZIP code

IN

E-mail address of the registered agent at which the registered agent will accept electronic service of process

By checking the box, the Signator(s) represent(s) that the Registered Agent named in this Foreign Registration Statement has consented to the appointment of Registered Agent.

In Witness Whereof, the undersigned duly authorized representative of the entity executes this Foreign Registration Statement and verifies, subject to penalties of perjury, that the statements contained herein are true, this _____ day of _____, 20_____.

Signature

Printed name

Title