

Secretary of State Office  
500 E Capitol Ave  
Pierre, SD 57501  
(605)773-4845  
[corpinfo@state.sd.us](mailto:corpinfo@state.sd.us)

**APPLICATION FOR  
CERTIFICATE OF AUTHORITY  
FOREIGN COOPERATIVE**  
SDCL 47-19-2

**FILING FEE: \$750**  
Make check payable to SECRETARY OF STATE

1. The Name of the Cooperative:

\_\_\_\_\_

2. The name of the state or other jurisdiction under whose laws it is incorporated: \_\_\_\_\_

3. The date of incorporation: \_\_\_\_\_

4. The period of duration of incorporation: \_\_\_\_\_

5. The address of its principal office (this is the address of the executive offices of the company):

Street Address City State ZIP+4

Mailing Address if different from street address City State ZIP+4

Email Address (Optional)

6. The South Dakota Registered Agent's name:

South Dakota law permits the registered agent **to be either: A)** noncommercial registered agent (this may be an individual), **B)** a commercial registered agent, or **C)** an office holder. **Complete only one below, either (a) or (b) or (c).**

(a) The South Dakota Noncommercial Registered Agent's name \_\_\_\_\_

Actual Street Address in this State City State ZIP+4

Mailing Address in this State, if Different from Street Address City State ZIP+4

Email Address (Optional)

(b) When listing a Commercial Registered Agent, please state their CRA#. This number can be obtained from the Commercial Registered Agent.

Commercial Registered Agent Name CRA#

(c) Title of the office or other position with the business \_\_\_\_\_

Business Office's Actual Street Address in this State City State ZIP+4

Mailing Address in this State, if Different from Street Address City State ZIP+4

Email Address (Optional)

7. The purpose(s) that the corporation is engaging in business in South Dakota:

8. The names and usual business addresses of its current officers and directors. Place a check mark next to the name if the principal officer serves as a director.

President	Street Address	City	State	ZIP+4
Vice President	Street Address	City	State	ZIP+4
Secretary	Street Address	City	State	ZIP+4
Treasurer	Street Address	City	State	ZIP+4
Director	Street Address	City	State	ZIP+4
Director	Street Address	City	State	ZIP+4
Director	Street Address	City	State	ZIP+4

9. The aggregate number of members and class of those members, if any:

Number of Members	Class

10. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class:

Number of Shares	Class	Series	Par value per share or Statement that shares are without par value

11. The aggregate number of shares issued which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class is:

Number of Shares	Class	Series	Par value per share or Statement that shares are without par value

12. Such additional information as may be necessary in order to enable the secretary of state to determine whether such cooperative is entitled to a certificate of authority.
13. The foreign corporation shall deliver with the completed application an **Original Certificate of Existence** or a document of similar import, duly authenticated by the Secretary of State or other official having custody of corporate records in the state or other jurisdiction under whose law it is incorporated.

No person may execute this report knowing it is false in any material respect. Any violation may be subject to a civil and/or criminal penalty (SDCL 47-1A-129; 22-39-36).

Dated \_\_\_\_\_

\_\_\_\_\_  
Signature of an authorized person

Email \_\_\_\_\_  
(Optional)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title