

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

**APPLICATION FOR
CERTIFICATE OF AUTHORITY
FOREIGN BUSINESS CORPORATION**
SDCL 47-1A-1501, 1503

FILING FEE: \$765

Make check payable to SECRETARY OF STATE

Application must be accompanied by a one page **Original Certificate of Existence** issued by the Secretary of State or other official having custody of the corporate records in the state or other jurisdiction under whose law it is incorporated.

1. The Name of the Corporation:

Note: The name must include the term corporation, incorporated, company, limited or the applicable abbreviation (SDCL 47-1A-401 to 47-1A-401.3)

2. If the name is unavailable for use in this state, a corporate name that satisfies the requirements of §§ 47-1A-1506 to 47-1A-1506.4, inclusive:

3. The name of the state or other jurisdiction under whose laws it is incorporated: _____

4. The date of incorporation: _____

5. The period of duration of incorporation: _____

6. 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)

7. 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 Corporation _____

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) _____

8. The names and usual business addresses of its principal 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 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