

Wyoming Secretary of State State Capitol Building, Room 110 200 West 24th Street 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 d	of the	Wyoming	Business	Corporation	Act,	the	undersigned	hereby	submits	the
following Articles	of Continuanc	e:									

following Articles of Continuance:
1. Corporation name:
2. Incorporated under the laws of: (State or country of organization)
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 commo term used is "perpetual." You may refer to your Articles of Incorporation or contact the Corporations Division in your state of incorporatio for your period of duration.)
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, a domestic or foreign entity authorized to transact business in Wyoming having a business office identical with such registered office. The registered agent must have a physical address in Wyoming. A Post Office Box or Drop Box is not acceptable. If the registered office includes a suite number, it must be included in the registered office address.)
8. Purpose of the corporation which it proposes to pursue in the transaction of business in this state:

9. Names and respect	ive addresses of its offic	ers and directors:	
Office	Name	Address	
President			
Vice President			
Secretary			
Treasurer			
Director			
Director			
Director			
		nership units which it has the series, if any, within a class:	authority to issue, itemized by classes
Number of Shares	Class	<u>Series</u>	Par Value per Share
	er of issued shares or oth I series, if any, within a c	-	classes, par value of shares, shares
Number of Shares	Class	<u>Series</u>	Par Value per Share
-	accepts the constitution of the Wyoming Constit	• •	apliance with the requirement of
Signature:		I	Date:
Print Name:			(mm/dd/yyyy)
Title:		Contact Person:	
Daytime Phone Num	ber:	Email:	
State of			
Subscribed and sworn	to before me this	day of	
by		·	
			SEAL
	Notary Public		
	·		
My commission expire	es:		

par

Checklist

Filing Fee: \$100.00 Make check or money order payable to Wyoming Secretary of State.

The application shall be executed by an officer or director of the corporation, or a person performing functions equivalent to those of a president and who is authorized to execute the Articles on behalf of the corporation, and shall be verified by the officer signing on behalf of the corporation.

The Articles of Continuance must be accompanied by a written consent to appointment executed by the registered agent.

For consistency the Secretary of State's Office will only keep one version of the agent's name on file.

A copy of the <u>unfiled</u> Articles of Dissolution you will submit to your foreign jurisdiction after the continuance has been processed in Wyoming.

A copy of the corporate resolution authorizing continuance of the corporation into Wyoming.

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.

Please submit one **originally signed** document and one exact photocopy of the filing.

Please review form prior to submitting to the Secretary of State to ensure all areas have been completed to avoid a delay in the processing of your documents.

Note: Once the dissolution has been filed in the former domestic state, an official of the foreign jurisdiction must provide evidence the entity was dissolved after it continued to Wyoming.

Other Requirements:

• An annual report will be due annually on the first day of the anniversary month of formation. If not paid within sixty (60) days from the due date, the entity will be subject to dissolution/revocation.



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Consent to Appointment by Registered Agent

I, (name	of registered agent)	, registered office located at		
		voluntarily consent to serve		
* (registered office physical	l address, city, state & zip)			
as the registered agent for	(name of business	entity)		
I hereby certify that I am in compliance	e with the requirements of W.S. 17-28	3-101 through W.S. 17-28-111.		
Signature:(Shall be executed	by the registered agent.)	Date: (<i>mm/dd/yyyy</i>)		
Print Name:	Daytime Phone:			
Title:	Email:			
Registered Agent Mailing Address (if different than above):				
*If this is a new address, complete th	ne following:			
Previous Registered Office(s):				
 This change affects every entity s 	treet address of my registered office and be erved by me and I have notified each enti- in is correct and I am in compliance with t			
Signature:		Date:		
·	by the registered agent.)	(mm/dd/yyyy)		
Checklist Submit one originally sign e	ed consent to appointment and one	exact photocopy.		