



State of Alaska
 Division of Corporations, Business and Professional Licensing
CORPORATIONS SECTION
 PO Box 110806
 Juneau, AK 99811-0806
 Phone: (907) 465-2550
 Fax: (907) 465-2974
 Website: www.commerce.alaska.gov/occ

DO NOT STAMP ABOVE THIS BOX

Office Use Only **CORP**

\$150.00 Fee + \$100.00 tax = \$250.00

ARTICLES OF INCORPORATION
Domestic Professional Corporation
AS 10.45.010 & 10.06.208

\$250.00 Filing Fee

Pursuant to Alaska Statutes 10.45.010 and 10.06.208, the undersigned professional corporation applies for a Certificate of Incorporation and, for that purpose, submits the following articles:

ARTICLE 1: Name of the corporation must contain the word "Corporation", "Company", "Incorporated", "Limited," "A Professional Corporation," or an abbreviation of one of one of these, such as "P.C":

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ARTICLE 2: Provide the name of the professional activity to be practiced by the corporation, and, separately, the 6 digit NAICS Industry Grouping Code that most clearly describes the initial activities of the company:

Professional Activity:	NAICS code:						
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ARTICLE 3: Address where the professional corporation will have its office in Alaska:

Physical address:			
Mailing address:	City:	AK	Zip Code:

ARTICLE 4: Registered agent name and address (must include a physical and mailing address in Alaska):

Name:			
Physical address:	City:	AK	Zip Code:
Mailing address:	City:	AK	Zip Code:

ARTICLE 5: Name and address of each alien affiliate (if there are no alien affiliates, indicate "none"):

Name:		
Mailing address:		
City:	State/Province:	Country:

Attach an additional sheet if necessary.

ARTICLE 6: List the name and addresses of all original shareholders, directors, and officers of the professional corporation. Only shareholders of the corporation can be an officer or director of the corporation. List the professional license issued by the Department of Commerce, Community, and Economic Development. If the license was issued by the Alaska Bar Association, include a copy of the license with this filing.

Title	Name	Mailing address	Director X	Shareholder % Owned	Professional License #
President					
Vice President					
Secretary					
Treasurer					

Attach an additional sheet if necessary.

ARTICLE 7: Number of authorized shares (zero is not an acceptable quantity):

	<input type="checkbox"/> Common		
	<input type="checkbox"/> Preferred		
# of Authorized shares	Class	Series	Par value
	<input type="checkbox"/> Common		
	<input type="checkbox"/> Preferred		
# of Authorized shares	Class	Series	Par value

ARTICLE 8: Optional Provisions and Additional Articles

Attach additional pages for continuation of optional provisions and/or additional articles. Please indicate which article you are continuing and/or insert any desired additional provisions authorized by Alaska Statutes. Additional articles should be a continuation of the numbering as it appears on this form.

Signatures: The printed name and signature of the Incorporator (at least one) who is a natural person of the age of 18 years or more. NOTE: The incorporator(s) must be licensed in the profession that the entity is incorporated under.

Signature of Incorporator	Printed name of Incorporator	Professional License #	Date

Mail the Articles of Incorporation and the \$250.00 filing fee in U.S. dollars to:
State of Alaska Corporations Section, PO Box 110806, Juneau, AK 99811-0806

STANDARD PROCESSING TIME for complete and correct applications submitted to this office is approximately 10-15 business days. All applications are reviewed in the date order they are received.

INITIAL REPORT: After filing your Articles of Incorporation, visit the Corporations Section at on our website, select Online Filing, and file the initial report for this entity.



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CONTACT INFORMATION SHEET

Please return this document with your filing. This information will only be used to resolve questions with the filings attached. **NOTE:** this form will not be filed for record or appear online.

Name of entity as it appears on filing:

To resolve questions with this filing, contact:

Name:	
Email:	Phone:
Mailing address:	

Return documents to:

Name:
Company:
Mailing address:

Attach this form to your filings. Send all documents to:
State of Alaska, Corporations Section, PO Box 110806, Juneau, AK 99811-0806

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THE STATE
of **ALASKA**
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

FOR DIVISION USE ONLY

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Division of Corporations, Business and Professional Licensing
PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550

Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee: _____

Program Type: _____ License Number (if applicable): _____

I wish to make payment by credit card for the following (check all that apply):

- | | AMOUNT |
|--|---------------|
| <input type="checkbox"/> Application Fee: _____ | _____ |
| <input type="checkbox"/> License or Renewal Fee: _____ | _____ |
| <input type="checkbox"/> Other (name change, wall certificate, fine, duplicate license, exam, etc.): | |
| 1. _____ | _____ |
| 2. _____ | _____ |

TOTAL: _____

Name (as shown on credit card): _____

Mailing Address: _____

Phone Number: _____ Email (optional): _____

Signature of Credit Card Holder: _____

08-4438

Rev 12/26/18

Credit Card Payment Form (all major cards accepted)

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!	
<p>1. Account Number: _____</p> <p>2. Expiration Date: _____</p> <p>3. Billing ZIP Code: _____</p> <p>4. Security Code: _____</p>	<p>All four fields MUST be completed!</p> <p>This section will be destroyed after the payment is processed.</p>