



Corporations Section

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: Corporations@Alaska.Gov

Website: Corporations.Alaska.Gov

Articles of Incorporation - Domestic Professional Corporation Instructions (AS 10.06.208 & AS 10.45.010)

GENERAL INFORMATION & RESOURCES

This Articles of Incorporation form will create a Domestic (Alaskan) Professional Corporation.

Submission: Submit this application via U.S. mail (do not e-mail). For hard copy filings, processing times may be up to 3 weeks from the date received. Between October and February, the processing time may be delayed due to renewals. Do not duplicate submissions; this can cause delays and duplicate payments.

Need help? Go to www.Corporations.Alaska.Gov and click "Create or File for a New Entity." This will provide expanded information and guidance concerning the contents of this application. If you do not find the answer to your question at that webpage, e-mail our office at Corporations@Alaska.Gov.

AFTER YOUR ENTITY IS REGISTERED:

Initial Report: From the date of incorporation, an initial report is due within 6 months to report your officers and/or ownership. Go to www.Corporations.Alaska.Gov, click "Initial Report" to file online.

Professional Licensing Section (if applicable): Business activities requiring a professional (occupational) license must obtain the appropriate licensing through www.ProfessionalLicense.Alaska.Gov.

Business Licensing Section: An entity must obtain an Alaska business license prior to engaging in business. An Alaska business license may be applied online through www.BusinessLicense.Alaska.Gov, click "New Alaska Business License."

Other agencies: Depending on the type of work and location, an entity may be required to hold other licenses, registrations, or permits on a municipal, state, or federal level to legally conduct its business activities. It is advised the business conducts a thorough search to ensure compliance with municipal, state, and federal agencies.

FUTURE FILINGS (CORPORATIONS SECTION):

Biennial Report: These reports are due every two (2) years to maintain your entity's status. See also: www.Corporations.Alaska.Gov, click "Biennial Report FAQs."

Registered Agent: When there are changes to the Registered Agent and/or their addresses in Alaska, submit a Change of Registered Agent form. The Registered Agent must be in Alaska, and this information must be kept updated. See also: www.Corporations.Alaska.Gov, click "Registered Agent FAQs."

Officials/Ownership: When there are changes to the officers/directors, members/managers, or shareholders/owners owning 5% or more, and there is no Biennial Report due, submit a Change of Officials form to keep this information updated.

For more information, go to www.Corporations.Alaska.Gov to open "Notice: The Entity's Responsibility" and review a variety of resources, forms, and FAQs.

You may keep this information sheet for your records. You do not need to submit this with your application.



THE STATE
of **ALASKA**

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

CORP

FOR DIVISION USE ONLY

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Website: *Corporations.Alaska.Gov*

Articles of Incorporation

Domestic Professional Corporation (AS 10.06.208 & AS 10.45.010)

FEES

Required Fees:	<input type="checkbox"/> Nonrefundable Filing Fee	\$250.00
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ARTICLE 1 Legal Name

The legal name of the corporation must contain the word "Corporation," "Company," "Incorporated," "Limited," "Professional Corporation," or an abbreviation of one of these words, such as "P.C."

Legal Name:	
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ARTICLE 2 Purpose & NAICS Code

Provide the name of the professional activity (e.g. medical, dental, law) to be practiced by the corporation, the entity's purpose, and 6-digit NAICS code that most clearly describes the initial activities of the corporation. *Attach an additional sheet for the purpose if necessary.*

Professional Activity & Purpose:						
NAICS Code:						

ARTICLE 3 Entity's Addresses

Provide the addresses where the professional corporation will have its office.

Physical Address:	Street	City	State	Zip
Mailing Address:	P.O. Box or Street	City	State	Zip

ARTICLE 4 Registered Agent Information

The registered agent's legal name, physical address, and mailing address within Alaska. The registered agent may be a corporation (excluding LLC, LP, or LLP) or an individual with a physical location in Alaska. *The agent must be in Alaska and cannot be out-of-state.*

Registered Agent Name:				
Physical Address:	Street	City	State Alaska (mandatory)	Zip
Mailing Address:	P.O Box or Street	City	State Alaska (mandatory)	Zip

ARTICLE 5 Authorized Shares

The number of authorized shares, class, series (if applicable) and the par value. "0" authorized shares is not an acceptable quantity. However, if applicable, "0" may be used for the par value. *Attach an additional sheet if necessary.*

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

ARTICLE 6 Alien Affiliates (AS 10.06.990)

In general, an "alien affiliate" is any person or entity that controls a corporation, directly or indirectly, and is either a non-U.S. citizen, a non-permanent resident, or an entity organized or incorporated out-of-country. *Attach an additional sheet if necessary.*

- There are no alien affiliates.
- OR -
- There are alien affiliates and the names and mailing addresses are:

Legal Name	Mailing Address

ARTICLE 7 Shareholders and Officials/Directors

List the name and addresses of all original shareholders, directors, and officers of the professional corporation.

- All officials of a professional corporation must be shareholders AND must have a current Alaskan professional license.
- Professional corporations must have a president, secretary, treasurer, and at least one director.
- The president and the secretary cannot be the same person unless the president is 100% shareholder.

List shareholders and officials/directors and their current information to be on record <i>Attach additional pages, if necessary.</i>		% Owned	Shareholder	President	Vice President	Secretary	Treasurer	Director	Assistant Secretary	Assistant Treasurer
Legal Name:										
Mailing Address:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
License Number:										
Legal Name:										
Mailing Address:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
License Number:										
Legal Name:										
Mailing Address:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
License Number:										
Legal Name:										
Mailing Address:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
License Number:										
Legal Name:										
Mailing Address:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
License Number:										
Legal Name:										
Mailing Address:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
License Number:										

Optional Provisions and Additional Articles

- There are no optional provisions or additional articles.
- OR -
 There are optional provisions or additional articles. *These are attached, continuing at ARTICLE 8.*

SIGNATURES

The printed legal name and signature of at least one incorporator, who is a natural person that is 18 years of age or older. The incorporator(s) must be licensed in the profession that the entity is incorporated under. *Attach an additional sheet if necessary.*

NOTE: Pursuant to AS 10.06.825, persons who sign documents filed with the commissioner that are known to the person to be false in material respects are guilty of a class A misdemeanor.

Printed Name of Incorporator	Signature of Incorporator	Professional License #	Date Signed



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Contact Information

Return this form with your filing.

- This information may be used by the Division to assist with processing your attached filings.
- This form will not be filed for record or appear online.

PART I Entity Information

Enter your entity information as it appears on this filing.

Entity Name:

Alaska Entity Number:

PART II Contact Information

Whom may we contact with any questions or problems with this filing?

Company:

Contact Person:

Mailing Address:

P.O. Box or Street

City

State

Zip

Email Address:

Phone Number:

PART III Document Return Address

- Return my filings to the address provided ABOVE.
- Return my filings to this address provided BELOW:

Company:

Contact Person:

Mailing Address:

P.O. Box or Street

City

State

Zip



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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:			
Profession Type (e.g., Acupuncture):		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 (fine, exam, etc.):		
1.			
2.			
			TOTAL:

Name (as shown on credit card):			
Mailing Address:			
Phone Number:		Email (Optional):	
Signature of Credit Card Holder:			

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed.

1. Credit Card Number:		<p>All 3 fields MUST be completed.</p> <p>This section will be destroyed after the payment is processed.</p>
2. Expiration Date:		
3. Security Code:		