



**Secretary of State
Business Programs Division**

Business Entities

1500 11th Street, Sacramento, CA 95814

P.O. Box 944260, Sacramento, CA 94244-2600

Business Entities Submission Cover Sheet

For fastest service, file online at bizfileOnline.sos.ca.gov.

Instructions:

- Complete and include this form with your paper submission. This form will not be made part of the filed document.
- Make all **checks or money orders** payable to the Secretary of State.
- In-person submissions (excluding Statements of Information): \$15 special handling fee. Do not include a \$15 special handling fee when submitting documents by mail.
- All submissions are reviewed in the date order of receipt, with online submissions given priority. For updated processing time information, visit www.sos.ca.gov/business/be/processing-dates.
- To obtain a certified copy, include certification fees with your submission.

Note: All correspondence related to your submission will be sent to the name and address on your check or money order.

Contact Person (Please type or print legibly):

First Name: _____ Last Name: _____

Phone Number: _____ Email: _____

Entity Information (Please type or print legibly):

Entity Name: _____

Entity Number (if applicable): _____

Comments: _____



Secretary of State
Articles of Incorporation of a
Close Corporation

ARTS-CL

Filing Fee - \$100.00

Certified Copy Fee (Optional) - \$5.00

Note: Corporations may have to pay a minimum \$800 tax to the California Franchise Tax Board each year. For more information, go to <https://www.ftb.ca.gov/>.

This Space For Office Use Only

- 1. Corporate Name** (The name **must** include the word "Corporation," "Incorporated," or "Limited" or an abbreviation of one of those words. Go to www.sos.ca.gov/business/be/name-reservations for general corporate name requirements and restrictions.)

The name of the corporation is _____

- 2. Business Addresses** (Enter the **complete** business addresses. Item 2a cannot be a P.O.Box or "in care of" an individual or entity.)

a. Initial Street Address of Corporation - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
b. Initial Mailing Address of Corporation, if different than item 2a	City (no abbreviations)	State	Zip Code

- 3. Service of Process** (Must provide either Individual **OR** Corporation.)

INDIVIDUAL – Complete Items 3a and 3b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name	Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviations)	State CA	Zip Code

CORPORATION – Complete Item 3c. Only include the name of the registered agent Corporation.

- c. California Registered Corporate Agent's Name (if agent is a corporation) – Do not complete Item 3a or 3b

- 4. Shares** (Enter the **number of shares** the corporation is authorized to issue. **Do not** leave blank or enter zero (0).)

This corporation is authorized to issue only one class of shares of stock.

The total number of shares which this corporation is authorized to issue is _____.

- 5. Number of Shareholders** (Enter the **number of shareholders** the corporation is authorized to have. The number **must not exceed 35**. **Do not** leave blank or enter zero (0).)

This corporation is a **Close Corporation**. All of the corporation's issued shares of stock, of all classes, will be held of record by not more than _____ persons.

- 6. Purpose Statement** (Do not alter the Purpose Statement.)

The purpose of the corporation is to engage in any lawful act or activity for which a corporation may be organized under the General Corporation Law of California other than the banking business, the trust company business or the practice of a profession permitted to be incorporated by the California Corporations Code.

- 7. Read and Sign Below** (This form must be signed by each incorporator. Do not include a title.)

Signature

Type or Print Name