

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 Statement and Designation by Foreign Professional Corporation

S&DC-PC

Must be submitted with a current **Certificate of Good Standing** issued by the government agency where the corporation was formed.

Filing Fee – \$100.00 (for a foreign stock corporation) or \$30.00 (for a foreign nonprofit corporation)

Certified Copy Fee (Optional) - \$5.00

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

https://www.ftb.ca.gov/.		This Space For Office Use Only					
Corporate Name (Go to www.sos.ca.gov/business/be/name-reservations for general corporate name requirements and restrictions.)		Jurisdiction (State, foreign country or place where this corporation is formed - must match the Certificate of Good Standing provided.)					
3. Business Addresses (Enter the complete business addresses. Items 3a and 3b cannot be a P.O. Box or "in care of" an individual or entity.)							
a. Initial Street Address of Principal Executive Office - Do not enter a P.O. Box	City (no abbreviations)			State	Zip Code		
b. Street Address of Principal Office in California, if any - Do not enter a P.O. Box	City (no abbreviations)			State CA	Zip Code		
c. Mailing Address of Principal Executive Office, if different than item 3a	City (no abbreviations)			State	Zip Code		
4. Service of Process (Must provide either Individual OR Corporation. INDIVIDUAL – Complete Items 4a and 4b only. Must include agent's full		rnia street a	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 4c. Only include the name of the registered agent Corporation.							
c. California Registered Corporate Agent's Name (if agent is a corporation) – Do no	t complete Item 4a	a or 4b					
5. Professional Statement							
The purpose of this corporation is to engage in the profession of (check one):	Law	Acco	ountancy				
This corporation is a foreign professional corporation within the meaning of Pa of this corporation shall be subject, with regard to the rendering of professional residents, to the same degree of personal liability, if any, in California as is from state for shareholders in a submission to the jurisdiction of the courts of California professional corporation rendering services in the to the jurisdiction of the courts of California to the same extent, but only to the corporation in the same profession. The foregoing submission to jurisdiction is	I services by the m time to time prornia to the same same profession same extent, as	professional escribed by extent, but a. This appli applies to t	al corporation in the agency go only to the san ication according the shareholder	n Californi overning the ne extent, ngly const rs of a Cal	a, or for Cal ne professio as applies t itutes a sub lifornia profe	lifornia on in this to the mission	
6. Read and Sign Below (Office or title not required.)							
I am a corporate officer and am authorized to sign on behalf of	the foreign co	orporatio	n.				
Signature	Type or Print Name						