FOREIGN REGISTRATION STATEMENT

State Form 56369 (R5 / 6-19)

SECRETARY OF STATE
BUSINESS SERVICES DIVISION
302 West Washington Street, Room E018
Indianapolis, IN 46204
Telephone: (317) 232-6576
www.sos.in.gov

INSTRUCTIONS:
1. *Use 8½" x 11" white paper for attachments.*
2. *Please **TYPE** or **PRINT** in **INK**.*
3. *Please visit our office on the web at www.sos.IN.gov*
4. *Make check or money order payable to the Secretary of State.*
5. *Submit original completed paperwork and payment to: 302 West Washington Street, Room E-018, Indianapolis, IN 46204.*

REQUIREMENTS:
1. ***Applicants must submit a certificate of existence issued by the proper authority within the last sixty (60) days.***
2. ***Professional corporations must complete the professional license information below.***

INFORMATION CONTAINED ON THIS PAGE IS NOT PART OF THE PUBLIC RECORD.

Name of business
E-mail address of business *(SOS use only)*

RETURN DOCUMENTS TO:

Name		
Street address, line 1		
Street address, line 2		
City	State	ZIP code
Telephone number ( )	E-mail address *(If different from above – SOS use only)*	

FOR PROFESSIONAL CORPORATIONS ONLY

Please complete the following section so the Indiana Secretary of State can verify licensing information.
Information for only one shareholder is required.

Name	Address *(number and street, city, state, and ZIP code)*	Profession	Indiana License Number	Status
				Shareholder
				Shareholder
				Shareholder
				Shareholder
				Shareholder

FOREIGN REGISTRATION STATEMENT

State Form 56369 (R5 / 6-19)

Indiana Code 23-0.5-5-3
23-0.5-9-26
23-0.5-9-29
23-1.5-2-3

FILING FEE:
For-Profit Entities: $125.00
Foreign Master LLCs: $250.00
Nonprofit Corporations: $75.00

FOREIGN REGISTRATION STATEMENT

The undersigned, desiring to register a foreign entity with the Secretary of State pursuant to the provisions of Indiana Code 23-0.5-5-3, executes the following Foreign Registration Statement.

ARTICLE I – NAME OF ENTITY

Legal name of the entity *(The name must comply with Indiana Code 23-0.5-3-1.)*

If the name does not comply with Indiana Code 23-0.5-3-1, the alternate name of the entity adopted under Indiana Code 23-0.5-5-6

ARTICLE II – ENTITY INFORMATION

Entity type *(select one)*

☐ Corporation, including Benefit Corporation and Professional Corporation ☐ Nonprofit Corporation ☐ Limited Liability Company
☐ Master Limited Liability Company ☐ Series ☐ Limited Liability Partnership ☐ Limited Partnership

If the entity is a nonprofit corporation, indicate if the corporation will have members.

☐ Yes ☐ No members

If the corporation had been incorporated in Indiana, it would be a *(select one)*:

☐ Public Benefit Corporation ☐ Mutual Benefit Corporation ☐ Religious Corporation

If the entity is a Limited Liability Company or Master Limited Liability Company, the Limited Liability Company will be managed by its manager or managers.

☐ Yes ☐ No ☐ The LLC will be a single-member LLC. *(optional)*

If the entity is a Master Limited Liability Company, the Master LLC is authorized transact business in Indiana in accordance with Indiana Code 23-18.1 and is organized under a law that allows for the designation of one (1) or more series.

The jurisdiction of formation

Date the entity was formed in its jurisdiction of formation *(month, day, year)*

ARTICLE III – STREET ADDRESS

The street address of the foreign entity:

Number and street	City	State	ZIP code

ARTICLE IV – REGISTERED AGENT INFORMATION

To determine if your Registered Agent is a Commercial Registered Agent (CRA), go to INBIZ.in.gov.

Provide either commercial registered agent or noncommercial registered agent information below.

☐ Commercial registered agent — Name of registered agent *(Do not provide address.)*

OR

☐ Noncommercial registered agent — Name of registered agent

Address *(number and street) (A P.O. Box is not acceptable unless accompanied by a Rural Route number.)*	City	State	ZIP code
		IN	

(OPTIONAL) E-mail address of the registered agent at which the registered agent will accept electronic service of process

☐ By checking the box, the Signator(s) represent(s) that the Registered Agent named in this Foreign Registration Statement has consented to the appointment of Registered Agent.

In Witness Whereof, the undersigned duly authorized representative of the entity executes this Foreign Registration Statement and verifies, subject to penalties of perjury, that the statements contained herein are true, this _____ day of _____, 20_____.

Signature	
Printed name	Title