

**FOREIGN  
BUSINESS CORPORATION**

**STATE OF MAINE**

**APPLICATION FOR  
AUTHORITY TO DO BUSINESS**

(Check box only if applicable.)

- This is a professional corporation pursuant to [13 MRSA Chapter 22-A](#).\*\* (see footnote)

\_\_\_\_\_  
(Name of Corporation in Jurisdiction of Incorporation)

<p>_____ Deputy Secretary of State</p> <hr/> <p><b>A True Copy When Attested By Signature</b></p> <hr/> <p>_____ Deputy Secretary of State</p>
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Pursuant to [13-C MRSA §1503](#), the undersigned corporation executes and delivers the following Application for Authority to do Business:

**FIRST:** If the legal corporate name does not meet the requirements pursuant to [§401](#) and/or [13 MRSA Chapter 22-A §736](#) (if a professional corporation) a fictitious name under which it proposes to apply for authority to do business in the State of Maine is: (If not applicable, so indicate.) If using a fictitious name, form [FICT-4](#) must be included.

\_\_\_\_\_  
A **fictitious name** is a name adopted by a **foreign corporation** authorized to transact business in this State because its real name is unavailable pursuant to [§401](#).

**SECOND:** The Registered Agent is a: (select **either** a Commercial or Noncommercial Registered Agent)

- Commercial Registered Agent CRA Public Number: \_\_\_\_\_

\_\_\_\_\_  
(name of commercial registered agent)

- Noncommercial Registered Agent

\_\_\_\_\_  
(name of noncommercial registered agent)

\_\_\_\_\_  
(physical location, not P.O. Box – street, city, state and zip code)

\_\_\_\_\_  
(mailing address if different from above)

**THIRD:** Pursuant to [5 MRSA §105.2](#), the registered agent listed above has consented to serve as the registered agent for this corporation.

**FOURTH:** (For professional corporations only)

All of the professional corporation’s shareholders, not less than a majority of its directors and all of its officers other than its clerk, secretary and treasurer, if any, are licensed in one or more states to render a professional service described in its articles of incorporation.

**FIFTH:** Its jurisdiction of incorporation is \_\_\_\_\_ (state or country) and the date of incorporation is \_\_\_\_\_.

**SIXTH:** Address of the principal office, wherever located, is:  
\_\_\_\_\_  
(street, city, state and zip code)  
\_\_\_\_\_  
(mailing address if different from above)

**SEVENTH:** The names and usual business addresses of its current directors and officers: (Attach additional pages, if necessary.)

_____	Street _____
(type or print name and capacity)	(street or mailing address)
	_____
	(city, state and zip code)
_____	Street _____
(type or print name and capacity)	(street or mailing address)
	_____
	(city, state and zip code)
_____	Street _____
(type or print name and capacity)	(street or mailing address)
	_____
	(city, state and zip code)

**EIGHTH:** This application **must be accompanied by a certificate of existence** or a document of similar import duly authenticated by the Secretary of State or other official having custody of corporate records in the state or country under whose law the foreign corporation is incorporated. The certificate of existence must have been made not more than 90 days prior to the delivery of this application for filing.

**Dated** \_\_\_\_\_ **\*By** \_\_\_\_\_  
(original signature of an officer)  
\_\_\_\_\_  
(type or print name and capacity/title)

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\*\*The professional corporation name as used in the State of Maine must contain one of the following: “chartered,” “professional corporation,” “professional association” or “service corporation” or the abbreviation “P.C.,” “P.A.” or “S.C.”. If the legal name in your jurisdiction doesn’t require the use of these words, you must file a fictitious name. (See item first)

\*This document **MUST** be originally signed by any duly authorized officer. (13-C MRSA §121.5)

Please remit your payment made payable to the Maine Secretary of State.

Submit completed form to: **Secretary of State**  
**Division of Corporations, UCC and Commissions**  
**101 State House Station**  
**Augusta, ME 04333-0101**  
Telephone Inquiries: (207) 624-7752 Email Inquiries: [CEC.Corporations@Maine.gov](mailto:CEC.Corporations@Maine.gov)

## Customer Contact Cover Letter

Name of entity(s) on the submitted filings:

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**Optional special handling request(s):** (check only if applicable)

- Hold attested copy for pick up (will be required to pick up at our office in Augusta, Maine)
- 24-hour expedited filing (next business day) service: **\$50** additional filing fee per entity
- Immediate expedited filing (same business day): **\$100** additional filing fee per entity

**NOTE:** Only one expedite fee is required if filing multiple documents for the same entity/charter number at the same time.

**Payment can be made by check or money order** (payable to Maine Secretary of State) or by credit card. You may obtain a credit card voucher at <https://www.maine.gov/sos/cec/forms/credit.pdf>.

Total fee(s) enclosed: \$ \_\_\_\_\_

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(Name of contact person)

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(Daytime telephone number)

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(Contact email address for this filing)

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(Email address to use for annual report reminders)

Name and address of person **to return the attested copy** of the completed filing:

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(Name of attested copy recipient)

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(Firm or Company)

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(Mailing Address)

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(City, State & Zip)

**NOTE: Failure to provide a contact name and telephone number or email address will result in any erroneous filing(s) being returned to the filer by the Secretary of State's office.**

For questions regarding the above filing(s), please call or email our office at (207) 624-7752 or [cec.corporations@maine.gov](mailto:cec.corporations@maine.gov)

**Submit filings to:**

**Mailing Address if using US Postal Service**

Department of the Secretary of State  
Corporations, UCC and Commissions  
101 State House Station  
Augusta, ME 04333-0101

**Mailing Address if using FedEx/UPS**

Department of the Secretary of State  
Corporations, UCC and Commissions  
6 E. Chestnut Street, 5th Floor  
Augusta, ME 04330