



Secretary of State

OFFICE OF SECRETARY OF STATE
CORPORATIONS DIVISION

2 Martin Luther King Jr. Dr. SE
Suite 313 West Tower
Atlanta, Georgia 30334
(404) 656-2817
sos.georgia.gov/corporations

APPLICATION FOR CERTIFICATE OF AUTHORITY
FOR FOREIGN PROFESSIONAL CORPORATION

IMPORTANT: Please provide the entity's primary email address when completing this form.

Primary Email Address:

NOTICE TO APPLICANT: PRINT PLAINLY OR TYPE REMAINDER OF THIS FORM

1. Name of Professional Corporation Name Reservation Number (Optional)

Date business commenced (or proposed to commence) in Georgia:
(NOTE: If the date provided here is more than 30 days prior the effective date of this application, a \$500 penalty must be paid. Penalty is statutory and cannot be waived.)

2. Name* of Filing Person
Address City State Zip Code
Filer's Email Address Telephone Number

3. Principal Office Mailing Address (may be P.O. Box) City State Zip Code

4. Name* of Registered Agent in Georgia Registered Agent's Email Address
Registered Office Street Address in Georgia (post office box or mail drop not acceptable for registered office address)
City County State Zip Code

5. Professional Corporation's Name in State or Country of Incorporation Jurisdiction (Home State or Country): Date of Incorporation in Home Jurisdiction:

6. The purpose of the above-named professional corporation is to practice the profession of (choose one below):
certified public accountancy professional engineering psychology podiatry
architecture land surveying medicine and surgery veterinary medicine
chiropractic law optometry registered professional nursing
dentistry pharmacy osteopathy harbor piloting
The corporation certifies that it is authorized to pursue such stated purpose in this state and in its state or country of incorporation.

7. Name* of Officer / CEO Address City State Zip Code
Name* of Officer / CFO Address City State Zip Code
Name* of Officer / Secretary Address City State Zip Code

8. Effective Date: (Choose one) Upon filing Delayed effective date and/or time:
(A delayed effective date must be within 90 days of the filing date.)

9. NOTICE: Mail the following items to the Secretary of State at the above address.
(1) This application;
(2) An ORIGINAL certificate of existence or good standing, not more than 90 days old, certified by the home state or country.
(3) Filing fee of \$235.00 (\$225 filing fee + \$10 paper filing service charge) payable to "Secretary of State." Filing fees are non-refundable.
(4) If applicable, a copy of the resolution of the board of directors, certified by corporation's secretary, adopting a fictitious or trade name.

Signature of Authorized Person Date

Print Name* Title

* Enter individual's legal name, i.e. first and last name without use of initials or nicknames. Middle names or initials may be included.