

Mail this Application

To: Secretary of State
P. O. Box 136
Jackson, Mississippi 39205

Application for Registration with the Secretary of the State of Mississippi, under the provisions of Mississippi Code, Annotated, Section 67-1-47 (1972):

FIRST, The name of said Company is _____

SECOND, The State of incorporation and the complete address of its general office: _____

THIRD, If not incorporated, set forth the names and addresses of the partners or individuals comprising said Company

FOURTH, Names and complete mailing addresses of all local agents of the Company:

FIFTH, The name and address of the agent for the service of process within the State of Mississippi:

Given under the signature and seal of said Company at _____,

_____, on this the _____ day of _____, A.D., 20_____

Name of Company

By: _____