



# Arkansas Secretary of State John Thurston

State Capitol • Little Rock, AR 72201-1094  
501-682-3409 • www.sos.arkansas.gov

Business & Commercial Services, 1401 W. Capitol, Suite 250, Little Rock, AR

## ARTICLES OF INCORPORATION FOR BENEFIT CORPORATION

The undersigned acting as incorporators of a benefit corporation under the Arkansas Business Corporation Act (Act 958 of 1987) and the Arkansas Benefit Corporation Act (Act 1388 of 2013), adopt the following Articles of Incorporation of such public benefit corporation:

1. Name of Corporation: \_\_\_\_\_  
Must contain the words "Corporation", "Incorporated", "Company", "Limited", or the abbreviation "Corp.", "Inc.", "Co.", or "Ltd." or words or abbreviations of like import in another language.

2. Is this a benefit corporation?  Yes  No

3. The corporation has a purpose of creating a general public benefit.  Yes  No

The corporation has a specific public benefit.  Yes  No If so, specify: \_\_\_\_\_

4. The number of shares which the Corporation shall have the authority to issue is: \_\_\_\_\_

The par value of each share is: \_\_\_\_\_

The designation of each class, the number of shares of each class, or a statement that the shares of any class are without par value, are as follows:

Number of Shares	Class	Series (If Any)	Par Value Per Share or Statement That Shares are Without Par Value

5. Name of Initial Registered Agent: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

6. Name of Initial Benefit Director: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

7. Name of Initial Benefit Officer: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_



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**8. Name and address of each incorporator are as follows:**

Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

**9. Name of Tax Contact: \_\_\_\_\_**

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**10. The nature of business of the corporation and the object of purposes to be transacted, promoted or carried on by it, are as follows:**

a. The primary purpose of the Corporation shall be: \_\_\_\_\_

b. To conduct any business enterprise not contrary to law.

c. To exercise all of the powers enumerated in Section § 4-27-302 of the Arkansas Business Corporation Act and Section § 4-36-201 of the Arkansas Benefit Corporation Act.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

I understand that knowingly signing a false document with the intent to file with the Arkansas Secretary of State is a Class C misdemeanor and is punishable by a fine up to \$100.00 and/or imprisonment up to 30 days.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name