



**State of Missouri**  
John R. Ashcroft, Secretary of State

Corporations Division  
PO Box 778 / 600 W. Main St., Rm. 322  
Jefferson City, MO 65102

**Articles of Incorporation**

**Article One**

The name of the corporation is \_\_\_\_\_

**Article Two**

The registered agent's name is \_\_\_\_\_

The address, including street and number for the registered agent's office in the state of Missouri:  
(PO Box may only be used in addition to a physical street address)

\_\_\_\_\_

*Street Address*

*City*

*State/Zip*

**Article Three**

*(Must complete 1 or 2)*

1. If the aggregate number of shares in which the corporation shall have authority to issue DOES NOT exceed 30,000 shares or the par valued DOES NOT exceed \$30,000 please check this box:

**or**

2. If the aggregate number of shares in which the corporation shall have authority to issue exceeds 30,000 shares or the par value exceeds \$30,000 dollars please indicate the number of shares of each class and the par value of each share. Also, indicate a statement of the preferences, qualifications, limitations, restrictions and the special or relative rights including convertible right, if any, in respect of the share of each class:

\_\_\_\_\_  
\_\_\_\_\_

**Article Four**

The name and physical business or residence address of each incorporator:

Name Address City/State/Zip

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Please see next page)*

Name and address to return filed document:

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

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

City, State, and Zip Code: \_\_\_\_\_

**Article Five**

The number of years the corporation is to continue or perpetual: (Please select one)

Perpetual (*check box*) or State number of years \_\_\_\_\_

**Article Six**

The corporation is formed for the following lawful purpose(s):

Check box if you will be registered with the Department of Agriculture as a Family Farm or Authorized Farm Corporation as defined by section 350.010 RSMo.

**Article Seven**

The number of directors to constitute the board of directors: \_\_\_\_\_ (optional)

The effective date of this document is the date it is filed by the Secretary of State of Missouri unless a future date is otherwise indicated:

\_\_\_\_\_  
*(Date may not be more than 90 days after the filing date in this office)*

In Affirmation thereof, the facts stated above are true and correct:

(The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 575.040, RSMo)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Signature of Incorporator(s)*

*Printed or Typed Name  
Name of Incorporator(s)*

*Date of Signature*