

REGISTRAR OF CORPORATIONS

Department of Commerce
COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
P.O. Box 5795 CHR, 12054 Pohnpei Way Capitol Hill Saipan, MP 96950
Tel: (670) 664-8024
Web: www.commerce.gov.mp
email: registrar.reyes@commerce.gov.mp

APPLICATION FOR CERTIFICATE OF AUTHORITY

**FOREIGN CORPORATION
LIMITED LIABILITY COMPANY
FILING FEE: \$187.50
FILE ORIGINAL AND TWO COPIES**

With this application you **must attach** a **Certificate of Good Standing** or Document of similar import duly Authenticated by the Secretary of State or like official of the State or country under whose law it is incorporated, a **filed copy** of your **articles of organization** and the **latest amendments**.

Name, Mailing and Physical Address of Foreign Limited Liability Company

Name: _____
Telephone No.: _____ Email Address: _____
Mailing Address: _____
Physical Address: _____
State or Country under whose law it is organized: _____

Date of Organization: _____ Period of Duration: _____

Mailing and Physical Address of Company's Principal Office

Mailing Address: _____
Physical Address: _____

Mailing and Physical Address of Registered Office in the Commonwealth

Telephone No.: _____ Email Address: _____
Mailing Address: _____
Physical Address: _____

Name of its Registered Agent at the Registered Office

Name: _____
Telephone No.: _____ Email Address: _____
Mailing Address: _____
Physical Address: _____

LIST OF MANAGER(S) (If Manager-Managed): *(If not enough space, attach separate listing.)*

Name

Business Address

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LIST OF MEMBER(S) (If Member-Managed): <i>(If not enough space, attach separate listing.)</i>	
<u>Name</u>	<u>Business Address</u>
_____	_____
_____	_____
_____	_____
_____	_____

DESCRIPTION OF BUSINESS ACTIVITIES – Describe all lines of business: _____
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DATE: _____

Signature: _____ PRINT NAME & TITLE OF PERSON SIGNING (Must be Director or Officer of the Corporation)
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