

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
 NON-PROFIT CORPORATION**

**FILING FEE: \$22.50
 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 incorporation** and the **latest amendments**.

Name, Mailing and Physical Address of Foreign Corporation

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

Date of Incorporation: _____	Period of Duration: _____
------------------------------	---------------------------

Mailing and Physical Address of Corporation'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 OFFICERS:

<u>Name</u>	<u>Title/Position</u>	<u>Business Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

REGISTRAR OF CORPORATIONS

Department of Commerce

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS

P.O. Box 5795 CHRB, 12054 Pohnpei Way Capitol Hill Saipan, MP 96950

Tel: (670) 664-8024

Web: www.commerce.gov.mp

email: registrar.reyes@commerce.gov.mp

LIST OF DIRECTORS:

Name

Business Address

<u>Name</u>	<u>Business Address</u>

DESCRIPTION OF BUSINESS ACTIVITIES – Describe all lines of business:

DATE:

Signature:

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

THE INITIAL ANNUAL REPORT MUST BE FILED WITH THE REGISTRAR OF CORPORATIONS WITHIN SIXTY (60) DAYS AFTER THE CERTIFICATE OF AUTHORITY IS GRANTED.