

# Profit Corporation Instructions



Wyoming Secretary of State ♦ 2020 Carey Avenue, Suite 700 ♦ Cheyenne, WY 82002-0020

307.777.7311 ♦ [Business@wyo.gov](mailto:Business@wyo.gov)

<http://soswy.state.wy.us>

## Before Filing Please Note

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- One **originally signed** Certificate of Authority and one **originally signed** Consent to Appointment by Registered Agent form must be submitted.
- Filing fee of \$100.00.** Make check or money order payable to Wyoming Secretary of State.
- The application must be accompanied by an **original certificate of existence/good standing**, dated not more than sixty (60) days prior to filing in Wyoming, authenticated by the Secretary of State or official having custody of corporate records in the state or country of formation.
- Please provide at least one e-mail address in the Certificate of Authority. The provided e-mail address is used *only* to send you a certificate of evidence and annual report reminders.
- Annual reports are due every year** on the first day of the anniversary month of formation. If not paid within 60 days of the due date the entity will be subject to dissolution.



## You're Ready to Mail in Your Documents!

- ♦ **Typical processing time is 3-5 business days** following the date of receipt in our office.
- ♦ Wyoming statutes do not allow for expedited filing at this time. Your filing will be processed in the order it is received.
- ♦ You can visit our website at <http://wyobiz.wy.gov> to see what day is currently being processed.

## Additional Contact Information

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- ♦ **Department of Revenue** (Sales and Use Tax Information)
  - Ph. 307.777.5200 OR <https://revenue.state.wy.us/>
- ♦ **Wyoming Business Council** (Licensing or Permit Information)
  - Ph. 307.777.2843 OR <http://www.wyomingbusiness.org/>
- ♦ **Department of Workforce Services** (Workers' Compensation or Unemployment Insurance)
  - Ph. 307.777.8650 OR <http://www.wyomingworkforce.org/>
- ♦ **Internal Revenue Service** (Tax ID Information)
  - <https://www.irs.gov/Filing>



**Wyoming Secretary of State**

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For Office Use Only

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**Foreign Profit Corporation  
Application for Certificate of Authority**

Pursuant to W.S. 17-16-1503 the undersigned corporation hereby applies for a Certificate of Authority to transact business in the state of Wyoming.

1. Name of the Corporation as incorporated:

2. Incorporated under the laws of:

*(State or country)*

3. Date of incorporation:

*(Date – mm/dd/yyyy)*

*(This date must match the date listed on the certificate of existence.)*

4. Period of duration:

*(This is referring to the length of time the corporation intends to exist and not the length of time it has been in existence. The most common term used is "perpetual.")*

5. Mailing address of the corporation:

6. Principal office address:

7. Name and physical address of its registered agent:

*(The registered agent may be an individual resident in Wyoming or a domestic or foreign business entity authorized to transact business in Wyoming. **The registered agent must have a physical address in Wyoming.** If the registered office includes a suite number, it must be included in the registered office address. A Drop Box is not acceptable. A PO Box is acceptable if listed **in addition to a physical address.**)*

Name:

Address:

*(If mail is received at a Post Office Box, please list above **in addition to the physical address.**)*

8. Names and usual business addresses of its current officers and directors:

<u>Office</u>	<u>Name</u>	<u>Address</u>
President		
Vice President		
Secretary		
Treasurer		
Director		
Director		
Director		

9. State the date this corporation began doing business in Wyoming or the date it will begin to do business in Wyoming. *(Please note that a corporation doing business in Wyoming without authority shall be subject to back taxes and penalties pursuant to W.S. 17-16-1502(d).):*

( mm/dd/yyyy)

10. The corporation accepts the constitution of the state of Wyoming in compliance with the requirement of Article 10, Section 5 of the Wyoming Constitution.

**Signature:** \_\_\_\_\_  
*(May be executed by Chairman of Board, President or another of its officers.)*

**Date:** \_\_\_\_\_  
*(mm/dd/yyyy)*

Print Name:

Contact Person:

Title:

Daytime Phone Number:

Email:

*(Email provided will receive annual report reminders and filing evidence)*

*\*May list multiple email addresses*

**REQUIRED ATTACHMENT TO INCLUDE WITH THE FILING**

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