

# Articles of Incorporation for an Alberta Corporation

Public (when completed)

*Business Corporations Act*  
Section 6

This information is collected, used and may be publicly disclosed in accordance with s. 33(a,c), 39(1)(a,c) and 40(1)(c,e,f) of the *Freedom of Information and Protection of Privacy Act*, the *Business Corporations Act* and the *Common Business Number Act*. It is required for the purpose of issuing a certificate of incorporation and assigning a Canada Revenue Agency business number to the corporation. Questions can be directed to the Service Alberta Contact Centre at [cr@gov.ab.ca](mailto:cr@gov.ab.ca) or 780-427-7013 (toll-free 310-0000 within Alberta).

**1. Name of Corporation**

**2. The classes of shares, and any maximum number of shares that the corporation is authorized to issue:**

**3. Restrictions on share transfers (if any):**

**4. Number, or minimum and maximum number, of directors that the corporation may have:**

**5. If the corporation is restricted FROM carrying on a certain business, or restricted TO carrying on a certain business, specify the restriction(s):**

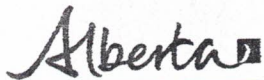
**6. Other rules or provisions (if any):**

**7. Authorized Representative/Authorized Signing Authority for the Corporation**

|                               |               |                         |
|-------------------------------|---------------|-------------------------|
| _____                         | _____         | _____                   |
| Last Name                     | First Name    | Middle Name (optional)  |
| _____                         | _____         | _____                   |
| Relationship to Corporation   | Email Address | Phone Number (optional) |
| _____                         | _____         |                         |
| Date of Submission yyyy-mm-dd | Signature     |                         |







# Notice of Agent for Service/Change of Agent for Service for Alberta and Extra-provincial Corporation

Public (when completed)

Business Corporations Act  
Sections 20.1, 20.2, 280 and 288

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1. Name of Corporation \_\_\_\_\_ 2. Corporate Access Number \_\_\_\_\_ 3. Business Number (optional) \_\_\_\_\_

#### 4. Agent for Service (Select the appropriate option)

Appointment of primary agent for service

Change of primary agent for service

Appointment of alternate agent for service

Change of alternate agent for service

Resignation of \_\_\_\_\_ as \_\_\_\_\_  
Name of Agent for Service

Date of Resignation yyyy-mm-dd \_\_\_\_\_

The agent for service confirms that a 60-day resignation notice has been given to the corporation at its registered office/head office.

Revocation of appointment of \_\_\_\_\_ as \_\_\_\_\_  
Name of Agent for Service

Date of Revocation yyyy-mm-dd \_\_\_\_\_

5. The corporation has appointed \_\_\_\_\_  
First Name Middle Name (optional) Last Name

of \_\_\_\_\_ as the corporation's \_\_\_\_\_  
Firm Name (optional)

Date of Appointment yyyy-mm-dd \_\_\_\_\_

#### 6. Full Address of Agent for Service

Street Address/Legal Land Description/Mailing Address \_\_\_\_\_ City or Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Email Address (mandatory) \_\_\_\_\_

#### 7. Consent to act as Agent for Service

\_\_\_\_\_ has consented to act as the  
Name of Agent for Service (first, middle, last)  
agent for service of the above named corporation.

#### 8. Authorized Representative/Authorized Signing Authority for the Corporation

\_\_\_\_\_ First Name Middle Name (optional) Last Name

\_\_\_\_\_ Relationship to Corporation Email Address (optional) Phone Number (optional)

\_\_\_\_\_ Date of Submission yyyy-mm-dd Signature

NOTICE OF SHAREHOLDERS or  
NOTICE OF CHANGE OF SHAREHOLDERS

\_\_\_\_\_  
Name of Corporation

\_\_\_\_\_  
Corporate Access Number

Shareholders

|   | Name | Mailing Address | Share % |
|---|------|-----------------|---------|
| Add<br><input type="checkbox"/><br>Delete<br><input type="checkbox"/> |      |                 |         |
| Add<br><input type="checkbox"/><br>Delete<br><input type="checkbox"/> |      |                 |         |
| Add<br><input type="checkbox"/><br>Delete<br><input type="checkbox"/> |      |                 |         |
| Add<br><input type="checkbox"/><br>Delete<br><input type="checkbox"/> |      |                 |         |

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email

\_\_\_\_\_  
ID Shown

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature