

Clear Form

Print Form

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

**ARTICLES OF INCORPORATION
FOR-PROFIT or PROFESSIONAL CORPORATION**

Read the Instructions [C010i](#)

1. ENTITY TYPE – check only one to indicate the type of entity being formed:

FOR-PROFIT (BUSINESS) CORPORATION PROFESSIONAL CORPORATION

2. ENTITY NAME – see Instructions C010i for naming requirements – give the exact name of the corporation:

Knight Law Firm, PC

3. PROFESSIONAL CORPORATION SERVICES – if professional corporation is checked in number 1, briefly describe the professional service or services that the professional corporation will provide (examples: law firm, accounting, medical):

Law firm

4. CHARACTER OF BUSINESS – briefly describe the character of business the corporation initially intends to conduct in Arizona. **NOTE** that the character of business that the corporation ultimately conducts is not limited by the description provided.

Practice of law

5. SHARES – see Instructions C010i – list the class (common, preferred, etc.) and total number of shares of each class that the corporation is **AUTHORIZED** to issue – the total must be greater than zero. If more space is needed, check this box and complete and attach the [Shares Authorized Attachment](#) form C087.

Class: Common Series: _____ Total: 1,000,000

Class: _____ Series: _____ Total: _____

6. ARIZONA KNOWN PLACE OF BUSINESS ADDRESS:

6.1 Is the Arizona known place of business address the same as the **street address** of the statutory agent? Yes – go to number 7 and continue

No – go to number 6.2 and continue

6.2 If you answered “**No**” to number 6.1, give the **physical or street address** (not a P.O. Box) of the known place of business of the corporation in Arizona:

Attention (optional)		
Address 1		
Address 2 (optional)		
City	State or Province	Zip
Country	<input style="width: 100%;" type="text" value="UNITED STATES"/>	

7. DIRECTORS - list the **name and business address** of each and every Director of the corporation. If more space is needed, check this box and complete and attach the [Director Attachment](#) form C082.

Amy Knight					
Name 3849 E Broadway Blvd			Name		
Address 1 #288			Address 1		
Address 2 (optional) Tucson		State or Province AZ	Zip 85716		
City	State or Province	Zip	City	State or Province	Zip
Country	UNITED STATES		Country		
Name			Name		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
City	State or Province	Zip	City	State or Province	Zip
Country			Country		
Name			Name		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
City	State or Province	Zip	City	State or Province	Zip
Country			Country		

8. STATUTORY AGENT - see Instructions C010:

8.1 REQUIRED - give the name (can be an individual or an entity) and physical or street address (not a P.O. Box) in Arizona of the statutory agent:			8.2 OPTIONAL - mailing address in Arizona of statutory agent (can be a P.O. Box):		
Amy Knight					
Statutory Agent Name (required)					
Attention (optional) 3849 E Broadway Blvd			Attention (optional)		
Address 1 #288			Address 1		
Address 2 (optional) Tucson		State AZ	Zip 85716		
City	State	Zip	City	State	Zip
8.3 REQUIRED - the Statutory Agent Acceptance form M002 must be submitted along with these Articles of Incorporation.					

- 9. **REQUIRED** - you must complete and submit with the Articles a **Certificate of Disclosure**. The Articles will be rejected if the Certificate of Disclosure is not simultaneously submitted.
- 10. **INCORPORATORS** - list the **name and address**, and provide the **signature**, of each and every incorporator - minimum of one is required. If more space is needed, check this box and complete and attach the [Incorporator Attachment](#) form C084.

Amy Knight
Name
 3849 E Broadway Blvd
Address 1
 #288
Address 2 (optional)

Tucson	AZ	85716
<small>City</small>	<small>State</small>	<small>Zip</small>

 UNITED STATES
Country

SIGNATURE - [see Instructions C010i](#):

By checking the box marked "I accept" below, I acknowledge *under penalty of law* that this document together with any attachments is submitted in compliance with Arizona law.

I ACCEPT

<small>Signature</small> Amy P. Knight	<small>Date</small> 9/21/2020
<small>Printed Name</small>	<small>Date</small>

Name
Address 1
Address 2 (optional)

<small>City</small>	<small>State</small>	<small>Zip</small>
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Country

SIGNATURE - [see Instructions C010i](#):

By checking the box marked "I accept" below, I acknowledge *under penalty of law* that this document together with any attachments is submitted in compliance with Arizona law.

I ACCEPT

<small>Signature</small>	<small>Date</small>
<small>Printed Name</small>	<small>Date</small>

Expedited or Same Day/Next Day services are available for an additional fee – see Instructions or Cover sheet for prices.

Filing Fee: \$60.00 (regular processing) All fees are nonrefundable - see Instructions.	Mail: Arizona Corporation Commission - Examination Section 1300 W. Washington St., Phoenix, Arizona 85007 Fax: 602-542-4100
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Please be advised that A.C.C. forms reflect only the **minimum** provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business.
 All documents filed with the Arizona Corporation Commission are **public record** and are open for public inspection.
 If you have questions after reading the Instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.

EXECUTION

In accordance with 28 U.S.C. § 1746, and subject to the penalties of 18 U.S.C. § 1001 and 22 U.S.C. § 618, the undersigned swears or affirms under penalty of perjury that he/she has read the information set forth in this statement filed pursuant to the Foreign Agents Registration Act of 1938, as amended, 22 U.S.C. § 611 *et seq.*, that he/she is familiar with the contents thereof, and that such contents are in their entirety true and accurate to the best of his/her knowledge and belief.

Date

Printed Name

Signature

6/2/25

Amy P. Knight

