**CHEROKEE TRIBUNE**

## 521 East Main Street Canton, Georgia 30114

**770-528-9411**

**NOTICE OF INCORPORATION**

A Notice of Incorporation MUST publish in the county of the registered office. Is your registered office in Cherokee County? If not, please visit the Secretary of State web site to find the Legal Organ for the County your registered office is in. A Notice of Incorporation must publish two (2) consecutive Fridays. Please make sure the information you provide is clearly printed on this form. The cost of publication is $40.00. If you require a publisher’s affidavit, there is an additional $25.00 charge.

Notice is given that Articles of Incorporation which incorporate (name of corporation)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (have been) (will be) delivered to the Secretary of State for filing in accordance with the Georgia (Business)

(Non-Profit) Corporation Code. The initial registered office of the corporation is located at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Full Street Address), Cherokee County, Georgia \_\_\_\_\_\_\_\_\_\_\_\_\_(zip) and its initial registered agent at such address is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide the name and number of the individual placing the ad:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please select one: ❒ $40 charge for publication cost only

OR

❒ $65 charge for publication plus publisher’s affidavit

Mail publisher’s affidavit to

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Checks, Money Orders or Credit cards are accepted (AX-MC-VISA-DISC). Please provide credit card info below.

\* Mail payment to 521 East Main Street, Canton, Georgia 30114

\* Email to [triblegals@mdjonline.com](mailto:triblegals@mdjonline.com) (credit card portion must be filled in)

\* If you have additional questions, please call legal advertising at 770-528-9411 ext 503.

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CREDIT CARD INFO:

Name as it appears on credit card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_

Charge Amount: $ \_\_\_\_\_\_\_ Credit Card #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exp Date: \_\_\_\_\_\_ V-Code: \_\_\_\_\_\_\_ (AX: 4 digits above the cc# / MC/VISA/DISC: last 3 digits on the back of the card on signature line)