



FORM **53**

**ARTICLES OF CORRECTION**  
ss. 178.50, 180.0124, 181.0124 & 183.0112 Wis. Stats.

1. \_\_\_\_\_  
(Name of the corporation, limited liability company, or limited liability partnership **before** any correction that may be affected by these articles of correction)

2. \_\_\_\_\_ filed with the Department of Financial  
(Describe the document)

Institutions on \_\_\_\_\_ (date) was

Incorrect at the time of filing (*Complete items 1, 2, 3, 4 & 6*)

Defectively executed (*Complete items 1, 2, 3 & 5*)

Defective in attestation, seal, verification or acknowledgment (*Complete items 1, 2, 3 & 6*)



(  ) Check any that apply

3. Describe the defect(s): (*Specify the incorrect statement and the reason why it is incorrect, or the manner in which the execution is defective.*)

4. Enter the statement in its corrected condition (cont'd):

5. Make the corrected execution:

Executed on \_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

Select and mark (X) below the appropriate title of the person executing the document.

\_\_\_\_\_  
(Printed name)

For a corporation

Title:  President  Secretary  
or other officer title \_\_\_\_\_

**OR**  Incorporator

For a limited liability company

Title:  Member  Manager **OR**  Organizer

For a limited liability partnership

Title:  Partner

6. Executed on \_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

Select and mark (X) below the appropriate title of the person executing the document.

\_\_\_\_\_  
(Printed name)

For a corporation

Title:  President  Secretary  
or other officer title \_\_\_\_\_

For a limited liability company

Title:  Member **OR**  Manager

For a limited liability partnership

Title:  Partner

This document was drafted by \_\_\_\_\_  
(Name the individual who drafted the document)

**INSTRUCTIONS** (Ref. Ss. 178.50, 180.0124, 181.0124 & 183.0112, Wis. Stats., for document content)

Please use BLACK ink. Submit one original to State of WI-Dept. of Financial Institutions, Box 93348, Milwaukee WI, 53293-0348, together with a check for the filing fee, payable to the department. Filing fee is **non-refundable**. (If sent by Express or Priority U.S. mail, please visit [www.wdfi.org/contact\\_us/](http://www.wdfi.org/contact_us/) for current physical address). This document can be made available in alternate formats upon request to qualifying individuals with disabilities. The original must include an original manual signature. Upon filing, the information in this document becomes public and might be used for purposes other than those for which it was originally furnished. If you have any questions, please contact the Division of Corporate & Consumer Services at 608-261-7577. Hearing-impaired may call 711 for TTY.

**NOTICE:** This form may be used to accomplish a filing required or permitted by statute to be made with the department. Information requested may be used for secondary purposes. This document can be made available in alternate formats upon request to qualifying individuals with disabilities.

# ARTICLES OF CORRECTION

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**▲ Please provide an email or postal mailing address for the filed copy of the document.**

Your **phone number** during the day: \_\_\_\_\_

1. Enter the name of the domestic or foreign corporation, limited liability company or limited liability partnership and the state in which it is organized. If the entity holds its certificate of authority or registration with the department under a fictitious name, provide the fictitious name as well. If the articles of correction correct the name of the entity, enter the name prior to any correction affected by the articles of correction.
2. Identify the document to be corrected (e.g., articles of incorporation, annual report, articles of amendment, etc.) specify the date the document was filed by the department, and mark (X) the condition(s) prompting the correction. A note following the indicated condition(s) cites the appropriate sections of this form to complete.
3. Specify the incorrect statement and state the reason why it is incorrect, or how the manner in which the execution of the document is defective. If the defect is in attestation, seal, verification or acknowledgement, describe why they are defective.
4. If you are correcting an erroneous statement, enter the statement you are correcting in its corrected condition.
5. If you are correcting a defective execution, make the correct execution. Include the date of execution, the name of the person signing, and the person's title.
6. Unless the articles of correction are solely for correcting a defective execution (item 5), execute the articles in item 6. Include the date of execution, the name of the person signed, and the person's title.

If the document is executed in Wisconsin, sec. 182.01(3), Wis. Stats., provides that it shall not be filed unless the name of the drafter (either an individual or a governmental agency) is printed in a legible manner. If the document is not executed in Wisconsin, enter that remark.

- FILING FEE - \$40.00** – Domestic or Foreign Business Corporation (Ch. 180)  
**\$40.00** – Domestic or Foreign Limited Liability Company (Ch. 183)  
**\$40.00** – Domestic or Foreign Limited Liability Partnership (Ch. 178)  
**\$10.00** – Domestic or Foreign Nonstock (including non-profit) Corporation (Ch. 181)