

Kentucky Secretary of State
TREY GRAYSON

Division of Corporations
BUSINESS FILINGS
P.O. Box 718
Frankfort, KY 40602
(502) 564-2848
<http://www.sos.ky.gov/>

Request for Corporate Documents

BUSINESS NAME: _____

CERTIFICATES REQUESTED

All certificates are \$10.00 each.

DOMESTIC CORPORATION/LIMITED LIABILITY COMPANY

- CERTIFICATE OF EXISTENCE
- LONGFORM CERTIFICATE OF EXISTENCE
- CERTIFICATE OF MERGER
- CERTIFICATE OF VOLUNTARY DISSOLUTION
- CERTIFICATE OF ADMINISTRATIVE DISSOLUTION
- CERTIFICATE OF REGISTERED AGENT
- CERTIFICATE OF NO RECORD

DOMESTIC LIMITED PARTNERSHIP

- CERTIFICATE OF FORMATION
- CERTIFICATE OF REGISTERED AGENT
- CERTIFICATE OF NO RECORD

FOREIGN CORPORATION/LIMITED LIABILITY COMPANY

- CERTIFICATE OF AUTHORIZATION
- LONGFORM CERTIFICATE OF AUTHORIZATION
- CERTIFICATE OF WITHDRAWAL
- CERTIFICATE OF REVOCATION
- CERTIFICATE OF REGISTERED AGENT
- CERTIFICATE OF NO RECORD

REGISTERED LIMITED LIABILITY PARTNERSHIP

- CERTIFICATE OF REGISTRATION (DOMESTIC)
- CERTIFICATE OF REGISTRATION (FOREIGN)
- CERTIFICATE OF NO RECORD

DOCUMENTS REQUESTED

- ALL DOCUMENTS FILED
- ALL DOCUMENTS FILED (EXCLUDING ANNUAL REPORTS)
- ARTICLES, AMENDMENTS, MERGERS
- INCLUDE ASSUMED NAMES
- ARTICLES OF INCORPORATION
- ARTICLES OF ORGANIZATION
- CERTIFICATE OF LIMITED PARTNERSHIP
- STATEMENT OF PARTNERSHIP AUTHORITY
- APPLICATION FOR CERTIFICATE OF AUTHORITY
- APPLICATION FOR CERTIFICATE OF AUTHORITY AS A FOREIGN LIMITED PARTNERSHIP
- APPLICATION FOR CERTIFICATE OF AUTHORITY AS A FOREIGN BUSINESS TRUST
- STATEMENT OF QUALIFICATION

Please indicate if your document request is for regular copies or certified copies:

- REGULAR COPIES (\$5.00 up to 5 pages, then \$0.50 a page thereafter)
- CERTIFIED COPIES (\$5.00 up to 5 pages, then \$0.50 a page thereafter and \$5.00 for the certificate)

REQUESTOR'S INFORMATION:

Contact Person: _____ Company: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____ Email Address: _____

If you want the documents returned by fax, an additional fee of \$5.00 is assessed: Fax return: Yes: No:

Payment Information (If paying with a pre-paid account number, please list 3-part account number): _____

Comments: _____