



SECRETARY OF THE STATE OF CONNECTICUT

MAILING ADDRESS: BUSINESS SERVICES DIVISION CONNECTICUT SECRETARY OF THE STATE P.O. BOX 150470 HARTFORD, CT 06115-0470

DELIVERY ADDRESS: BUSINESS SERVICES DIVISION CONNECTICUT SECRETARY OF THE STATE 165 CAPITOL AVE SUITE 1000 HARTFORD, CT 06106

PHONE: 860-509-6003

WEBSITE: www.business.ct.gov

FAX: 860-509-6057



This form is going away:

Certificates of Legal Existence can be ordered online and instantly downloaded. Log-in at business.ct.gov and choose manage your business > verify or obtain a certificate.

Certificates ordered online are emailed to you and available in the "my filings" section on your business.ct.gov dashboard.



SECRETARY OF THE STATE OF CONNECTICUT

MAILING ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, P.O. BOX 150470, HARTFORD, CT 06115-0470

DELIVERY ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, 30 TRINITY STREET, HARTFORD, CT 06106

PHONE: 860-509-6002

WEBSITE: www.concord-sots.ct.gov

FAX: 860-509-6057

REQUEST FOR CERTIFICATES / LEGAL EXISTENCE

USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 8 1/2 X 11 SHEETS IF NECESSARY.

FILING PARTY (Confirmation / Certificates) Will Be Sent To This Address):			FINANCIAL UNIT USE ONLY	
NAME:			AMT. REC'D \$	CA CR
ADDRESS:			TRANS. ID:	
			BATCH DATE:	
CITY:	STATE:	ZIP:	CUSTOMER ID	
TELEPHONE:			#: (if any)	

BUSINESS NAME (Enter Name Exactly As It Appears On Our Records) **OR BUSINESS I.D.:**

BE CERTAIN YOU CHECK THE CORRECT BOX	ROUTINE (Completed within 3-5 business days)	EXPEDITED (Completed within 24 business hours)
1. CORPORATIONS		
EXPRESS CERTIFICATE OF LEGAL EXISTENCE	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$100.00
SHORT FORM CERTIFICATE (REFLECTS ALL NAME CHANGES)	<input type="checkbox"/> \$80.00	<input type="checkbox"/> \$130.00
LONG FORM CERTIFICATE (DOMESTIC ONLY)	<input type="checkbox"/> \$120.00	{Cannot be expedited}
2. LIMITED LIABILITY COMPANIES:		
EXPRESS CERTIFICATE	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$100.00
SHORT FORM CERTIFICATE (REFLECTS ALL NAME CHANGES)	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$100.00
LONG FORM CERTIFICATE (DOMESTIC ONLY)	<input type="checkbox"/> \$100.00	{Cannot be expedited}
3. LIMITED PARTNERSHIPS:		
CERTIFICATE OF LEGAL EXISTENCE	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$100.00
4. LIMITED LIABILITY PARTNERSHIPS:		
EXPRESS CERTIFICATE	<input type="checkbox"/> \$40.00	<input type="checkbox"/> \$90.00
SHORT FORM CERTIFICATE	<input type="checkbox"/> \$80.00	<input type="checkbox"/> \$130.00
LONG FORM CERTIFICATE (DOMESTIC ONLY)	<input type="checkbox"/> \$120.00	{Cannot be expedited}
5. STATUTORY TRUSTS:		
EXPRESS CERTIFICATE	<input type="checkbox"/> \$40.00	<input type="checkbox"/> \$90.00
SHORT FORM CERTIFICATE	<input type="checkbox"/> \$80.00	<input type="checkbox"/> \$130.00
6. SPECIAL CERTIFICATES:		
CERTIFICATE EVIDENCING _____ (Specify type)	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$100.00
NO RECORD	<input type="checkbox"/> \$50.00	{Cannot be expedited}

PAYMENT METHODS:

Make checks payable to "Secretary of the State".

Payment by an existing Customer ID: _____

To fax this request you must complete the following Credit Card Payment Authorization to 860-509-6057.

AMOUNT AUTHORIZED: \$ _____

CREDIT CARD BILLING INFORMATION (Failure to provide ALL Required credit card information will result in delay of processing):

NAME:	CARD NO.:
ADDRESS:	EXPIRATION DATE:
	SECURITY CODE:
CITY:	SIGNATURE: X _____
STATE:	
ZIP:	