



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**: <u>www.business.ct.gov</u> **FAX**: 860-509-6057



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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**: <u>www.concord-sots.ct.gov</u> **FAX**: 860-509-6057

REQUEST FOR CERTIFICATES / LEGAL EXISTENCE

USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 81/2 X 11 SHEETS IF NECESSARY.

NAME: ADDRESS: CITY: TELEPHONE: BUSINESS NAME (Enter Name Exactly As It Appears On Our Records) OR BUSINESS I.D.: BUSINESS NAME (Enter Name Exactly As It Appears On Our Records) OR BUSINESS I.D.: 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) Completed within 2-4 business days) Completed within 2-4 business days) Completed within 2-4 business days) LONG FORM CERTIFICATE (REFLECTS ALL NAME CHANGES) LONG FORM CERTIFICATE (BOMESTIC ONLY) LONG FORM CERTIFICATE (BOMESTIC ONLY) SHORT FORM CERTIFICATE (BOMESTIC ONLY) LONG FORM CERTIFICATE (BOMESTIC ONLY) SHORT FORM CERTIFICATE (BOMESTIC ONLY) LIMITED LIABILITY PARTNERSHIPS: EXPRESS CERTIFICATE SHORT FORM CERTIFICATE CORPORATION SHORT FORM CERTIFICATE CORPORATION SHORT FORM CER	FILING PARTY (Confirmation / Certificates) Will Be Sent To This Address):				ANCIAL UNIT USE ONLY	
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6. SPECIAL CERTIFICATES:	6		_ \		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
CERTIFICATE EVIDENCING \$50.00 \$100.00	0.		□ \$50.00		□ \$100.00	
(Specify type)			-			
NO RECORD ☐ \$50.00 {Cannot be expedited}			□ \$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)	CR	EDIT CARD BILLING INFORMATION (Failure to provide ALL F	Required credit card info	rmation w	rill result in delay of processing):	
NAME: CARD NO.:	NAME:		CARD NO.:			
ADDRESS: EXPIRATION DATE:	ADDRESS:		EXPIRATION DATE:			
SECURITY CODE:						
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STATE: ZIP: SIGNATURE: X			SIGNATURE: X			