



# 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](http://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.

<b>FILING PARTY</b> (Confirmation / Certificates) Will Be Sent To This Address):			<b>FINANCIAL UNIT USE ONLY</b>	
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.:**

<b>BE CERTAIN YOU CHECK THE CORRECT BOX</b>	<b>ROUTINE</b> (Completed within 3-5 business days)	<b>EXPEDITED</b> (Completed within 24 business hours)
<b>1. CORPORATIONS</b>		
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	<b>{Cannot be expedited}</b>
<b>2. LIMITED LIABILITY COMPANIES:</b>		
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	<b>{Cannot be expedited}</b>
<b>3. LIMITED PARTNERSHIPS:</b>		
CERTIFICATE OF LEGAL EXISTENCE	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$100.00
<b>4. LIMITED LIABILITY PARTNERSHIPS:</b>		
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	<b>{Cannot be expedited}</b>
<b>5. STATUTORY TRUSTS:</b>		
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
<b>6. SPECIAL CERTIFICATES:</b>		
CERTIFICATE EVIDENCING _____ (Specify type)	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$100.00
NO RECORD	<input type="checkbox"/> \$50.00	<b>{Cannot be expedited}</b>

**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:	