

**WEST VIRGINIA APPLICATION FOR
CERTIFICATE OF AUTHORITY OF
LIMITED LIABILITY COMPANY**

Form LLF-1
Rev. 06/5/2019

West Virginia Secretary of State
Business & Licensing Division
Tel: (304)558-8000
Fax: (304)558-8381
Website: www.wvsos.gov

FILE ONE ORIGINAL

(Two if you want a filed stamped
copy returned to you.)

FILING FEE: \$150 *Fee Waived for Veteran-owned organization

Control # _____

***** The undersigned, having authority to transact business on behalf of a foreign (out-of-state) registered entity, agrees to ***
comply with the requirements of West Virginia Code [§31B-10-1002](#) to apply for Certificate of Authority.**

1. The name of the limited liability company

as registered in its home state is: _____

and the **State or Country of organization** is: _____

☐ **CHECK HERE** to indicate you have obtained and submitted with this application a **CERTIFICATE OF EXISTENCE (GOOD STANDING)**, dated during the current tax year, from your home state of original formation as required to process your application. The certificate may be obtained by contacting the Secretary of State's Office in the home state of original formation.

2. The business name to be used in West Virginia will be: [The name must contain one of the required terms such as "limited liability company" or abbreviations such as "LLC" or "PLLC." See instructions for complete list of acceptable terms and requirements for use of Trade Name.]

☐ **Home State name as listed in Section 1. above**, if available in West Virginia
(If name is not available, check **DBA Name** box below and follow special instructions in **Section 2.** attached.)

☐ **DBA Name** _____
(See special instructions in **Section 2.** regarding the **Letter of Resolution** attached to this application. View a [sample Letter of Resolution](#).)

3. The company will be a: [See instructions for limitations on professions which may form **PLLC** in WV. All members must have WV professional license. See (*) note at the right.]

☐ **Regular LLC**

☐ **Series LLC** [WV Code §41-1A-14(c)]

☐ **Professional LLC*** for the profession of: _____
(See **Section 3.** of the attached instructions for list of accepted professions.)

☐ **Professional business organizations: CHECK BOX** indicating you have attached the state licensing board **Verification of Eligibility** (Form **VOE**) to these Articles if your profession meets the requirements as defined by **Chapter 30** of WV Code. **Your application will be rejected if the VOE signed by the board is not attached.**

4. The address of the principal office of the company will be:

Street: _____

City: _____ State: _____ Zip Code: _____

County: _____

Located in the **County** of (required):

Street: _____

The **mailing address** of the above location, if different, will be:

City: _____ State: _____ Zip Code: _____

5. The address of the initial designated (physical) office of the company in West Virginia, if any, will be:

Street: _____

City: _____ State: _____ Zip Code: _____

Located in the **County** of:

County: _____

5. (Continued from previous page....)

The **mailing address** of the above location, if different, will be:

Street: _____

City: _____ State: _____ Zip Code: _____

6. **Agent of Process:**
may be sent, if any, will be:

Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

7. **E-mail address** where business correspondence may be received: _____8. **Website address** of the business, if any (ex: yourdomainname.com): _____9. Do you **own or operate more than one business in West Virginia?** ☐ **Yes** * Answer **a. and b. below.** ☐ **No** ☐ **Decline to answer**If "**Yes**"... a. How many businesses? _____ b. Located in how many West Virginia counties? _____10. The company will be - ☐ an **AT-WILL** company, conducting business for an indefinite period.
CHECK ONE (required): ☐ a **TERM** company, conducting business for the term of _____ years.11. The company will be - ☐ **MEMBER-MANAGED** [List the names and addresses of all **MEMBERS** below.]
CHECK ONE (required): ☐ **MANAGER-MANAGED** [List the names and addresses of all **MANAGERS** below.]. List the **name(s) and address(es) of the MEMBER(S) [if member-managed] or the MANAGER(S) [if manager-managed]** of the company (required; **Note: The application will be rejected if the information is not provided below.** Attach additional pages if necessary.):

<u>Name</u>	<u>No. & Street Address</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

12. All or specified members of a limited liability company are **liable in their capacity as members** for all or specified debts, obligations or liabilities of the company (required): ☐ **No** - All debts, obligations and liabilities are those of the company.
☐ **Yes** - Those persons who are liable in their capacity as members for all debts, obligations or liability of the company have consented in writing to the adoption of the provision or to be bound by the provision.13. a. The **purpose(s) for which this limited liability company is formed** is as follows:
[Describe the type(s) of business activity which will be conducted, for example, "real estate," "construction of residential and commercial buildings," "commercial painting," "professional practice of law" (see **Section 2.** for acceptable "professional" business activities). Purpose may conclude with words "...including the transaction of any or all lawful business for which corporations may be incorporated in West Virginia."]

- b. Will the above purpose include any business activity conducted as a **consumer litigation financier** pursuant to WV Code §46A-6N?

☐ **Yes** [By checking "Yes," the applicant affirms the above **purpose includes the required statement that the organization shall be designated as a litigation financier** pursuant to WV Code §46A-6N. You are also affirming that you have included with this application an original completed copy of the **required Application for Registration as a Litigation Financier** (Form [LF-1](#)) with the associated requisite filing fee.]

☐ **No** [Proceed to 14.]

14. Is the business a **Scrap Metal Dealer**?

☐ **Yes** [If "Yes," you must complete the **Scrap Metal Dealer Registration Form** (Form [SMD-1](#)) and proceed to Section 15.]

☐ **No** [Proceed to Section 15.]

15. Other provisions which may be set forth in the operating agreement or matters not inconsistent with law:

[See instructions for further information; use extra pages if necessary.]

16. The number of pages attached and included in these Articles is: _____

17. The **requested effective date** is:

[Requested date *may not be earlier than filing nor later than 90 days after filing in our office.*]

☐ the **date and time of filing** in the Secretary of State's Office.

☐ the following date _____ and time _____ .

18. Is the organization a "**veteran-owned**" organization?

Effective **JULY 1, 2015**, to meet the requirements for a "**veteran-owned**" organization, the entity filing the registration must meet the following criteria per West Virginia Code §59-1-2a:

1. A "**veteran**" must be honorably discharged or under honorable conditions, and
2. A "**veteran-owned business**" means a business that meets one of the following criteria:
 - o Is at least fifty-one percent (51%) unconditionally owned by one or more veterans; or
 - o In the case of a publicly owned business, at least fifty-one percent (51%) of the stock is unconditionally owned by one or more veterans.

☐ **Yes** (If "Yes," attach Form DD214)

☐ **No**

☐ **CHECK BOX** indicating you have attached **Veteran Affairs Form DD214**

You may obtain a copy of your Veterans Affairs Form DD214 by contacting:

**National Personnel Records Center
Military Personnel Records**

1 Archives Drive
St. Louis, MO 63138
Toll free: 1-86-NARA-NARA or 1-866-272-6272
Phone: 314-801-0800

www.archives.gov/veterans/military-service-records

Per WV Code 59-1-2(j) effective July 1, 2015, the **registration fee is waived** for entities that meet the requirements as a "**veteran-owned**" organization. See attached instructions to determine if the organization qualifies for this waiver. In addition, a "**veteran-owned**" entity will have **four (4) consecutive years of Annual Report fees waived** AFTER the organization's initial formation [see WV Code 59-1-2a(m)].

19. **Contact and Signature Information*** (See below ***Important Legal Notice Regarding Signature***):

a. Contact person to reach in case there is a problem with filing: _____ Phone: _____

b. Print or type name of signer: _____ Title/Capacity of signer: _____

c. **Signature:** _____ **Date:** _____

***Important Legal Notice Regarding Signature:** Per West Virginia Code §31B-2-209. **Liability for false statement in filed record.** If a record authorized or required to be filed under this chapter contains a false statement, one who suffers loss by reliance on the statement may recover damages for the loss from a person who signed the record or caused another to sign it on the person's behalf and knew the statement to be false at the time the record was signed.

Important Note: This form is a public document. Please **do NOT provide any personal identifiable information on this form** such as social security number, bank account numbers, credit card numbers, tax identification or driver's license numbers.

INSTRUCTIONS FOR FILING APPLICATION FOR CERTIFICATE OF AUTHORITY OF LIMITED LIABILITY COMPANY

BEFORE you fill out the application: The company name you select will be approved **only** if it is available - that is, if the name is not the same as and is distinguishable from any other name which has been reserved or filed. If you prepare LLC papers without applying for and receiving a name reservation, you do so at your own risk. A telephone check on availability of a name is not a guarantee of name availability. You may apply for a name reservation in writing, accompanied by a \$15 fee made payable to the WV Secretary of State, mailed to the address shown above. Once approved, you are guaranteed exclusive use of the name for 120 days, enough time to prepare and submit the articles. If you plan to do business under any name, other than the name on your certificate of organization, you must register that trade name with the Secretary of State. Failure to do so could result in a fine or imprisonment.

FILING THE APPLICATION:

Section 1. Enter the exact name of the limited liability company as it is registered in its home state, or country.

☐ **CHECK THE BOX** to indicate you have obtained and submitted with this application a **CERTIFICATE OF EXISTENCE (GOOD STANDING)**, dated during the current tax year, from your home state of original organization as required to process your application. The certificate may be obtained by contacting the Secretary of State's Office in the home state of original organization.

Section 2. If your home state name is not available in West Virginia, you must do the following:

- ☐ Select a name as a forced DBA ("doing business as") name which your company wants to use in West Virginia; and be sure to include one of the required terms. "Limited liability company," "limited company," or the abbreviations "L.L.C.," "LLC," "L.C.," or "LC." "Limited" may be abbreviated as "Ltd." and "Company" may be abbreviated as "Co." [WV Code §31B-1-105, 31B-10-1005] Professional companies must use "professional limited liability company," professional L.L.C., "professional LLC," "P.L.L.C.," or "PLLC." [WV Code §31B-13-1303]
- ☐ Make certain that name is available, preferably by reserving it in advance.
- ☐ Arrange for the managers or members, depending on the type of company, to draft a letter a resolution adopting the fictitious name, and attach a copy of that resolution to the filing. A FORCED DBA NAME WILL NOT BE ACCEPTED UNLESS THE REQUIRED RESOLUTION IS ATTACHED.

Section 3. **Regular LLC, Series LLC or PLLC** - Check the first box (Regular LLC) unless your company qualifies as a Series LLC or a Professional LLC. A Professional LLC may be organized only by one or more persons licensed or otherwise legally authorized to provide the same or compatible professional services or to practice together within the state. No person may be a member of the PLLC who is not licensed or otherwise legally authorized to render the professional service for which the PLLC was organized. **Only the following professions listed below under the specified articles of Chapter 30 of West Virginia Code may form a PLLC.** If you are a member of another profession please contact your licensing board before attempting to establish your business as a regular LLC.

Attorneys-at-law	[Article 2]	Physicians & Podiatrists	[Article 3]
Dentists	[Article 4]	Optometrists	[Article 8]
Accountants	[Article 9]	Veterinarians	[Article 10]
Architects	[Article 12]	Engineers	[Article 13]
Land Surveyors	[Article 13a]	Osteopathic Physicians and Surgeons	[Article 14]
Chiropractors	[Article 16]	Psychologists	[Article 21]
Social Workers	[Article 30]	Acupuncturists	[Article 36]

*****Important***** For PLLC's: **CHECK BOX** indicating you have attached **Verification of Eligibility** (Form **VOE**) to this Certificate of Authority application if your profession meets the requirements as defined by **Chapter 30** of the WV Code. **The Secretary of State cannot complete your filing until verification is received from the appropriate State licensing board that the licenses of your members are current and in full effect. A PLLC is required to carry at all times \$1 million of professional limited liability insurance [See WV Code §31B-13-1305]. Your application will be rejected if the VOE is not signed by the board and attached.**

Section 4. List the address of your **principal office**. This is the address to which all correspondence from our office is mailed. You may change your principal office address by filing with the Secretary of State an application to appoint or change address, agent or officers [**Form AAO**] (fee \$15).

Section 5. The **designated office** need not be the principal place of business. The designated office may be changed by filing with the Secretary of State an application to appoint or change address, agent, or officers [**Form AAO**] (fee \$15).

Section 6. You may maintain an "**agent of process**" who can receive service of a summons or complaint. The agent may be an individual resident of the state, a domestic corporation, another limited liability company or a foreign corporation or foreign company. You may change your agent by filing with the Secretary of State an application to appoint or change address, agent or officer [**Form AAO**] (fee \$15).

Section 7. List an **e-mail address** (*yourname@domainname.com*) where you can receive important e-mail notifications (e.g., **Annual Report** notices).

Section 8. List the **website address** (*domainname.com*) of the business, if any. DO NOT list a physical mailing address.

Section 9. Indicate whether or not you **own or operate more than one business in West Virginia**. If "Yes"...

- List the **total number of businesses in West Virginia** in the space provided.
- List the **total number of counties in West Virginia** in which the businesses conduct operations.

Section 10. An **AT-WILL company** will continue to exist until voluntarily terminated or administratively dissolved. A **TERM company** is one in which its members have agreed to remain members until the expiration of a term specified in the articles. If neither box is marked, or if the length of term is not specified, the company will be established as an at-will company.

Section 11. For a **MEMBER-managed company**, the authority to transact business and execute instruments is in the hands of the members, and any member may act to carry on the ordinary course of the company's business as an agent of the company. For a **MANAGER-managed company**, a manager, who may or may not be a member, is an agent of the company for the purpose of its business. See WV Code §31B for more information about the authority of **members & managers**. **You must list all members' (for a member-managed LLC) or managers' (for a manager-managed LLC) names and addresses who have signature authority.**

Section 12. **DO NOT** check "Yes" to this question **UNLESS** and **UNTIL** you have in hand the written consent of those members who are liable for all debts, obligations and liabilities of the company agreeing to the adoption of or to be bound by this provision in the operating agreement. The liabilities may not be assigned on the belief that members will consent.

Section 13. a. The State Tax Department requests that you describe the **purposes** of the limited liability company clearly to ensure you receive all the necessary information about registering with the required state agencies. **Please note that filing Articles of Organization alone does not qualify you to do business in West Virginia. You must obtain a business license from the West Virginia Department of Tax and Revenue, and you may be required to meet other licensing requirements to conduct the type of business you intend.** Attach additional pages if necessary.

b. If "No," proceed to Section 14. If "Yes," the above purpose includes any business activity conducted as a **consumer litigation financier**, pursuant to WV Code §46A-6N, the organization must register as a litigation financier by completing and submitting to Secretary of State an original copy of the **Application for Registration as a Litigation Financier** (Form LF-1) and pay the associated requisite filing fee. If this applies to your organization, check the "Yes" box to include in your purpose the required statement that the organization shall be designated as a litigation financier.

Section 14. If the business activities include "Scrap Metal Dealer", check "Yes." Complete the **Scrap Metal Dealer Registration Form (Form SMD-1)** [per revised WV Business Code §61-3-49-(b)(4)] and submit with your application. Proceed to Section 15. If "No," proceed to Section 15.

Section 15. The articles may include provisions permitted to be set forth in an operating agreement [but may not vary the non-waivable provisions of WV Code §31B-1-103(b)] and other matters not inconsistent with law. If any provision of the operating agreement is inconsistent with the articles of organization, the articles control as to persons other than managers, members and their transferees who reasonably rely on the articles to their detriment.

Section 16. List the number of attached pages to insure your complete filing is recorded.

Section 17. You may accept the date of filing by the Office of Secretary of State as your effective date, or assign a future date and time when the company will be activated. If the date you give is more than 90 days after the filing date by the Secretary of State, the active date will be the 90th day after filing. If you do not specify a time, the filing is effective at the close of business on that date.

Section 18. Check the appropriate box indicating whether or not the organization is "veteran-owned." Effective **JULY 1, 2015**, the following criteria must be met in order to qualify as a "veteran-owned" entity: (1) veteran must be "honorably discharged or under honorable conditions;" and (2) if a publicly-owned entity, at least fifty-one per cent (51%) of the stock must be unconditionally owned by one or more veterans [see WV Code 59-1-2a(12)-(13)(A)(B)]. **If "Yes," you must provide proof of veteran status by including with this application a copy of your Veteran Affairs Form DD214.**

Section 19. **AN INDIVIDUAL (MEMBER/MANAGER) WITH SIGNATURE AUTHORITY MUST SIGN AND DATE THE FORM. The application will be returned to you as incomplete if received by our office without a signature.** Listing a contact person and phone number is optional, however listing a person to contact in case of a problem with filing may help to speed the filing process along and avoid possible rejection of the document.

ANNUAL REPORT NOTICE: WV Code 59-1-2a (see also 31B-2-211) requires every limited liability company [both *domestic* (in-state) and *foreign* (out-of-state)] to file an **annual report** and pay the **annual report filing fee between January 1 and July 1** of each year following the calendar year in which the business was registered with the Office of the Secretary of State. The \$25 annual report fee is waived for Veteran-owned entities for the following four (4) years after initial formation [see WV Code 59-1-2a(m)]. Failure to file may result in revocation of the organization's legal authority to transact business in the state. Notification of the filing requirement will be sent, but the company is responsible for filing the annual report as required by WV Code. You may file the annual report online at <https://onestop.wv.gov>. You must register a User Account Login ID and Password to create a personal "Filing Cabinet" to file the annual report.

FILING THE ARTICLES - ONE ORIGINAL REQUIRED - AND PAYING THE FEE

Send an additional original if you want a filed date-stamped copy returned to you at no additional cost.

The filing fee will consist of paying an initial registration fee. If requesting a certified copy, an additional fee of \$15 per certified copy requested is required.

	Registration fee - \$150
	* Veteran-owned entity registration FEE WAIVED - \$0
Registration fee*	_____ [Registration fee is waived for "veteran-owned" entity effective July 1, 2015 per WV Code 59-1-2(j); Be sure to attach the veteran proof of status Veteran Affairs Form DD214 when claiming "veteran-owned" status.]
\$15 per certified copy:	+ _____ Expedite Fee is additional if requesting expedite service. See Customer Order Request
Total fee:	= _____ form for more information.

**** Make your checks payable to West Virginia Secretary of State. ****

TEXT ALERTS: Stay up-to-date regarding filing deadlines and changes to business, charity, notary, private investigation, and security guard laws. To sign up, visit the Secretary of State online at www.wvsos.gov and select **Text Alerts**. Next, under the heading, "Choose SMS Subscription," click the down arrow and select "Business and Licensing." Then enter your ten-digit mobile phone number and your cellular carrier. Click *Subscribe*. This will allow you to get important information delivered right to your mobile phone. Please note, standard text messaging rates apply and you may unsubscribe at any time.

CANCELLATION: A foreign limited liability company is a legal entity which can only be cancelled through formal action - not by a letter or phone call. You remain liable for all taxes, assessments, fines, penalties and interest until you receive a certificate of cancellation from the Secretary of State. Contact our office for more information.

Rev. 01/2023

Filing Submission Instructions - Business Division

IMPORTANT: READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORMS.

Please follow the instructions included with the application. Failure to include any of the required information on the form may cause the filing to be rejected.

All forms may be downloaded from our web site www.wvsos.gov.

SUBMIT THE COMPLETED APPLICATION WITH THE [CUSTOMER ORDER REQUEST](#) FORM TO ONE OF THE OFFICES BELOW. CHOOSE EXPEDITED OR STANDARD PROCESSING SERVICE. IF NOT USING THE CUSTOMER ORDER REQUEST FORM AND YOU ARE REQUESTING EXPEDITED SERVICE, YOU MUST INCLUDE THE WORD "EXPEDITE" AND THE LEVEL OF EXPEDITED SERVICE BEING REQUESTED (24-HOUR, 2-HOUR OR 1-HOUR) IN YOUR CORRESPONDENCE. BE SURE TO INCLUDE THE CORRECT ADDITIONAL EXPEDITED FEE. THIS FEE IS IN ADDITION TO THE REGULAR FILING FEE (*SEE FEES BELOW*).

CHOOSE ONE OF THE FOLLOWING PROCESSING SERVICES:

① EXPEDITED SERVICE (24-hour, 2-hour and 1-hour; *Requires standard filing fee plus additional expedite fee, *see below*)

<u>Expedite Service</u>	<u>*Fee</u>	EXPEDITED SERVICE requests may be submitted by:
24-Hour	\$ 25.00	- E-mail to efilings@wvsos.gov
2-Hour	\$250.00	- Fax
1-Hour	\$500.00	- Walk in delivery

② STANDARD PROCESSING (5-10 business days)

Standard filing fees apply.	STANDARD PROCESSING requests may be submitted by:
	- E-mail to CorpFilings@wvsos.gov
	- Fax
	- Walk in delivery (drop off service only filed within 5-10 business days)

INCLUDE PAYMENT:

Be sure to enclose the correct filing fee with your filing. If paying by credit card, be sure to include the [e-Payment Authorization](#) form with your filing. **Your filing will be rejected if the payment is not included or if the e-Payment Authorization form is not included if paying by credit card.**

SUBMIT COMPLETED FILING TO ONE OF THE BUSINESS CENTERS BELOW:

BUSINESS SERVICE CENTERS *Standard and Expedited Filings*

Charleston Office
One-Stop Business Center
13 Kanawha Blvd. West
Suite 201
Charleston, WV 25302
Phone: (304) 558-8000
Fax: (304) 558-8381
Hours: Mon. - Fri. 8:30a - 5:00p EST

Clarksburg Office
North Central WV Business Center
153 West Main Street
Suite G- Third Floor
Clarksburg, WV 26301
Phone: (304) 367-2775
Fax: (304) 627-2243
Hours: Mon. -Fri. 9:00a - 5:00p EST

Martinsburg Office
Eastern Panhandle Business Center
229 E. Martin Street
Martinsburg, WV 25401
Phone: (304) 356-2654
Fax: (304) 260-4360
Hours: Mon. - Fri. 9:00a - 5:00p EST

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Customer Order Request

SUBMIT THIS COMPLETED FORM WITH YOUR FILING.

READ CAREFULLY BEFORE SUBMITTING - Expedite service is **NOT AVAILABLE** for the following filings:

- >> Tax Department filings including Sole Proprietorships, General Partnerships, and Associations
- >> Dissolution or Withdrawal of Corporation, Voluntary Association or Business Trust

Order Processing Requested*:

* * * Expedite Processing Requires Additional Fees * * *

☐ Standard Processing**

(Avg. processing turnaround
5-10 business days)

☐ 24-HOUR Expedite***

(additional \$25.00 fee included)

☐ 2-HOUR Expedite

(additional \$250.00 fee included)

☐ 1-HOUR Expedite

(additional \$500.00 fee included)

Email to: CorpFilings@wvsos.gov

Email to: eFilings@wvsos.gov

ALL Requests for Copies of documents email to: Copies@wvsos.gov

***"Processing" indicates the filing will be completed and registered in the Secretary of State registration database.

**Standard Processing applications received by E-MAIL or FAX must include the e-Payment Authorization form with credit card information.

***NOTE: Orders filed in person through any Secretary of State office location requesting the filing be processed will be assessed a 24-HOUR Expedite fee of \$25.00 per order.

Name of Entity: _____

Return filing to:
(Return Address) _____

Contact Name: _____

Phone: _____

Return Delivery Options: Email or Fax options do not receive a copy via mail; must be ordered separately.

☐ Email to: _____ ☐ Fax to: _____

☐ Hold for Pick Up ☐ Mail to Return Address above ☐ FedEx: Acct # _____

☐ Other (explain below): _____ ☐ UPS: Acct # _____

Order Description (include items being ordered and fee breakdown):

* PLEASE NOTE: Original paperwork is kept by this office. Include a copy of the original filing if you want a file stamped copy returned to you at no extra charge. Certified copy requests are an additional \$15 per certified copy being requested.

Total Amount: _____

Payment Method:

☐ Check/Money Order

☐ Credit Card

(Must attach [e-Payment Authorization](#) request form including payment information.)

☐ Cash (Do Not mail cash)

☐ Pre-paid Acct #:

Attach signed pre-paid slip.

24-hour, 2-hour and 1-hour Expedite Service Guidelines

IMPORTANT: To ensure expedited service, please mark “EXPEDITE” in a conspicuous place at the top of the service request. Please indicate method of delivery.

24-HOUR EXPEDITE SERVICE

The Secretary of State offers a 24-hour expedite service on most business organization filings processed by this office. If you choose to utilize this service, please enclose with your filing the additional expedite fee. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. You must mark the document with your “**24-HOUR EXPEDITE**” request. If using a cover letter, note that you are requesting 24-hour expedited service, and include your telephone number and return information. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made. This office *does not* fax confirmation of a 24-hour expedite.

The fee for 24-hour handling is \$25.00 in addition to the usual fee for service. Please consult our fee schedules for the appropriate fee. If you require assistance, please contact this office.

Time Constraints: Under most circumstances, each filing submitted receives same day filing date and may be picked up in the office by the end of the same business day. Filings to be mailed the next business day if received by 2:00 pm of receipt date and no later than the 2nd business day if received after 2:00 pm. Expedite period begins when filing or service request is received in this office in acceptable fileable form.

2-HOUR EXPEDITE SERVICE

The Secretary of State offers a 2-hour expedite service on most filings processed by this office. If you choose to utilize the 2-hour expedite service, please enclose with your filing an additional \$250.00 per filing and/or order. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Complete and submit the 2-hour customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 2-hour expedited service and include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made.

1-HOUR EXPEDITE SERVICE

The Secretary of State offers a 1-hour expedite service on most filings processed by this office. If you choose to utilize the 1-hour expedite service, please enclose with your filing an additional \$500.00 per filing and/or order. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Complete and submit the 1-hour customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 1-hour expedited service and include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made.

1-Hour and 2-Hour Time Constraints: Each filing submitted for either 1-hour or 2-hour expedite receives same day filing date and will be acknowledged by fax or e-mail within expedite service time. Failure to indicate method of acknowledgement (fax or e-mail) or to provide a correct fax number or e-mail address may prevent the Secretary of State from acknowledging the filing of such documents. Filings may be picked up within the expedite service period. Filings to be mailed will be mailed out no later than the next business day following receipt. Expedite period begins when filing or service request is received in this office in fileable form.

The Secretary of State reserves the right to extend the expedite period in times of extreme volume, staff shortages or equipment malfunction. These extensions are few and will rarely extend more than a few hours.

e-Payment Authorization

USE BLACK INK ONLY - DO NOT HIGHLIGHT

This document contains confidential financial information and will be properly shredded after payment has been processed by this office. Electronic storage of payment information is only permitted by signed authorization below which may be retracted at any time by written request by the authorized party.

Service Type: ☐ Fax ☐ E-mail ☐ Mail

Payment by Card (card holder name and billing address required below)

Card Type: ☐ Visa ☐ Mastercard ☐ Discover ☐ American Express

Credit Card Number:

V Code*

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

* 3-digit number on back of VISA, MasterCard and Discover cards.
4-digit number on front right side of American Express card.

NOTICE: For security and verification purposes, all credit card payments must include the 3- or 4-digit CVV2 code (V Code) number located on the credit card. Failure to include this code will result in the rejection of your filing or service request.

Credit Card Expiration Date: Month: Year:

Amount to Charge Card: USD \$

Order Information (required)

Entity Name:

Card Holder Information:

Name as it appears on the account
Billing Address
City State Zip Code
Telephone Ext.

Payment Information Storage Authorization (optional)

I authorize the Secretary of State to store this payment information for future payment transactions processed by Secretary of State:

X _____ Date
Authorized Signature

Payment Authorization (required)

I authorize the Secretary of State to bill an amount not to exceed the following to be charged to the above listed account(s):

X _____ Date
Authorized Signature

Not to Exceed Amount: USD \$