



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

Office of Business Services
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490 (phone)
sosbusinessrecords@ky.gov
www.sos.ky.gov

Request for Corporate Documents

BUSINESS NAME: _____

CERTIFICATE OF GOOD STANDING REQUEST (certificates of good standing are \$10.00 each):

DOMESTIC ENTITY (CERTIFICATE OF EXISTENCE)

FOREIGN ENTITY (CERTIFICATE OF AUTHORIZATION)

COPIES REQUEST (please indicate if request is for regular or certified copies):

REGULAR COPIES
(\$5.00 for each set up to 5 pages, \$0.50 additional pages)

CERTIFIED COPIES
(\$10.00 for each set up to 5 pages, \$0.50 additional pages)

ALL DOCUMENTS FILED

CERTIFICATE OF LIMITED PARTNERSHIP

ALL DOCUMENTS FILED
(EXCLUDING ANNUAL REPORTS)

STATEMENT OF PARTNERSHIP AUTHORITY

ANNUAL REPORTS-YEAR(S) _____

APPLICATION FOR CERTIFICATE OF AUTHORITY

ARTICLES, AMENDMENTS, MERGERS

APPLICATION FOR CERTIFICATE OF AUTHORITY AS A
FOREIGN LIMITED PARTNERSHIP

ARTICLES OF INCORPORATION/ORGANIZATION

STATEMENT OF QUALIFICATION

LIST SPECIFIC DOCUMENT _____

Select method of return (check only one):

Email return only (.pdf file): _____

Hard copy only (paper) by mail: _____

Comments: _____

REQUESTER'S INFORMATION:

Contact Person: _____ Company: _____

Mailing Address: _____ City _____ State _____ Zip _____

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

PAYMENT INFORMATION

Check _____

Credit Card # _____ Expiration Date _____ Security code _____

BILLING ADDRESS FOR CREDIT CARD INCLUDING ZIP CODE:

Billing Address: _____ City _____ State _____ Zip _____

Pre-paid Account: _____ Account # _____ Agent # _____ Pin # _____