



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
(502) 564-5687 (fax)
www.sos.ky.gov

Request for Corporate Documents

BUSINESS NAME: \_\_\_\_\_

CERTIFICATES REQUESTED
All certificates are \$10.00 each.

DOMESTIC:

FOREIGN:

\_\_\_ CERTIFICATE OF EXISTENCE

\_\_\_ CERTIFICATE OF AUTHORIZATION

DOCUMENTS REQUESTED

\_\_\_ 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 \_\_\_\_\_

Please indicate if your document request is for regular copies or certified copies:

\_\_\_ REGULAR COPIES
(\$5.00 up to 5 pages, then \$0.50 a page thereafter)

\_\_\_ CERTIFIED COPIES
(\$5.00 up to 5 pages, then \$0.50 a page thereafter and \$5.00 for the
certificate)

REQUESTER'S INFORMATION:

Contact Person: \_\_\_\_\_ Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

If you would like the documents returned by fax or e-mail, an additional fee of \$5.00 per every 10 pages is assessed:

Fax return: Yes: \_\_\_ No: \_\_\_

Email return: Yes: \_\_\_ No: \_\_\_

PAYMENT INFORMATION

\_\_\_ Check \_\_\_\_\_

\_\_\_ Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_ Security code \_\_\_\_\_

BILLING ADDRESS FOR CREDIT CARD INCLUDING ZIP CODE: \_\_\_\_\_

\_\_\_ Pre-paid Account: Account # \_\_\_\_\_ Agent # \_\_\_\_\_ Pin # \_\_\_\_\_

Comments: \_\_\_\_\_