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## Filing Form Cover Letter

Please return the approval certificate to:

Name *(Individual or Business Name)*:

To the Attention of *(if necessary)*:

Address:

City:

State

ZIP Code:

Phone Number:

E-mail Address:

- Check here if you would like to receive important notices via e-mail from the Ohio Secretary of State's office regarding Business Services.
- Check here if you would like to be signed up for our Filing Notification System for the business entity being created or updated by filing this form. This is a free service provided to notify you via e-mail when any document is filed on your business record.

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Please make checks or money orders payable to: "Ohio Secretary of State"

Type of Service Being Requested: (PLEASE CHECK **ONE** BOX BELOW)

- Regular Service:** Only the filing fee listed on page one of the form is required and the filing will be processed in approximately 3-7 business days. The processing time may vary based on the volume of filings received by our office.
- Expedite Service 1:** By including an Expedite fee of \$100.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 2 business days after it is received by our office.
- Expedite Service 2:** By including an Expedite fee of \$200.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 1 business day after it is received by our office. **This service is only available to walk-in customers who hand deliver the document to the Client Service Center.**
- Expedite Service 3:** By including an Expedite fee of \$300.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 4 hours after it is received by our office, if received by 1:00 p.m. **This service is only available to walk-in customers who hand deliver the document to the Client Service Center.**
- Preclearance Filing:** A filing form, to be submitted at a later date for processing, may be submitted to be examined for the purpose of advising as to the acceptability of the proposed filing for a fee of \$50.00. The Preclearance will be complete within 1-2 business days.



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## Credit Card Authorization Form

Form Must Be Printed Or Typed

Cardholder Name

### Address

Street

City

State

ZIP Code

### Credit Card Information

Credit Card Type

Card Number

Expiration Month (MM)

Expiration Year (YYYY)

CVV/Security Code

**JON HUSTED**  
Ohio Secretary of State



Toll Free: (877) SOS-FILE (877-767-3453)  
Central Ohio: (614) 466-3910  
[www.OhioSecretaryofState.gov](http://www.OhioSecretaryofState.gov)  
[busserv@OhioSecretaryofState.gov](mailto:busserv@OhioSecretaryofState.gov)  
File online or for more information: [www.OHBusinessCentral.com](http://www.OHBusinessCentral.com)

**Mail this form to one of the following:**

Regular Filing (non expedite)  
P.O. Box 670  
Columbus, OH 43216  
  
Expedite Filing (Two business day processing time.  
Requires an additional \$100.00)  
P.O. Box 1390  
Columbus, OH 43216

[For screen readers, follow instructions located at this path.](#)

## Registration of Corporation Name (Foreign For-Profit or Nonprofit) Form Must Be Typed

**CHECK ONLY ONE (1) BOX**

<p>(1) Registration of a Corporate Name by Unlicensed Foreign Corporation  <input type="checkbox"/> Original (158-RCO)          Filing Fee \$39</p>	<p>(2) Registration of a Corporate Name by Unlicensed Foreign Corporation  <input type="checkbox"/> Renewal (172-RNR (RCR)) <span style="float: right; border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></span>          Filing Fee \$25 <span style="float: right;">Registration No.</span></p>
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**Attach Certificate of Good Standing from the jurisdiction of formation (see instructions)**

Name of Corporation to be Registered / Renewed   
(Name must match the name on the Certificate of Good Standing)

Jurisdiction of Formation

Country

Date of Incorporation in Jurisdiction of Formation   
Date of Incorporation

Address of the corporation's principal office is

Mailing Address

City State ZIP Code

The general nature of the business in which it is engaged is

The corporation is carrying on or doing business.

**By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.**

**Required**

Must be signed by an authorized officer of the applicant.

Signature

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

By (if applicable)

Print Name

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

Signature

By (if applicable)

Print Name

## Instructions for Registration of Corporate Name

This form should be used to register or renew a foreign corporation's corporate name, if the corporate name is available for use in Ohio.

If you wish to register a corporate name, please select box 1. If you wish to renew a corporate name registration, please select box 2 and state the registration number in the box. A name registration is effective for a term of one year from the date of registration. The same information is required to renew the name, as is required to register the name, including a certificate of good standing.

### **Certificate of Good Standing**

Pursuant to Ohio Revised Code §1703.31(A)(7), the application shall be accompanied by a certificate stating that the corporation is in good standing under the laws of the jurisdiction of its incorporation. The certificate must be executed by an official of the jurisdiction having custody of the records pertaining to corporations and dated not earlier than sixty days prior to the filing of the application.

### **Name of the Corporation**

Pursuant to Ohio Revised Code §1703.31 please state the exact corporate name to be registered.

### **General Corporation Information**

Please provide the name of the jurisdiction under the laws of which it was incorporated and the date of incorporation. Also, please provide the complete address of the corporation's principal office.

### **Purpose Clause**

Pursuant to Ohio Revised Code §1703.31(5) and (6), please state the general nature of the business in which corporate purpose or privileges it proposes to exercise in Ohio. Also, by completing and signing the form, the corporation agrees to the statement on the form which states the corporation is carrying on or doing business.

### **Signature**

After completing all information on the filing form, please make sure that page 2 is signed by an authorized officer of the applicant.

**\*\*Note: Our office cannot file or record a document which contains a social security number or tax identification number. Please do not enter a social security number or tax identification number, in any format, on this form.**