



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.

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.



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
busserv@OhioSecretaryofState.gov
File online or for more information: 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.](#)

Name Reservation / Transfer / Cancellation

Reservation Filing Fee: \$39 (160-NRO)

Transfer Filing Fee: \$25 (185-NRT)

Cancellation Filing Fee: \$25 (184-RNX)

Form Must Be Typed

CHECK ONLY ONE (1) BOX

(1) Original Name Reservation
Applicant is reserving the name on behalf of a: proposed new corporation, limited liability company or business trust; or an existing corporation, limited liability company, or business trust intending to change its name.

(2) Name Reservation Transfer Reservation Number

Reserved Name

(3) Name Reservation Cancellation Reservation Number

Reserved Name

Complete only if box (1) is checked

Please reserve the first name available (only one name may be reserved per form) in the order of preference listed below. I understand that I am not granted the reservation until I receive written confirmation from the Secretary of State's office stating that the name has been reserved for me. The name reservation is valid for a period of **180 days** from the date of filing.

First Choice

Second Choice

Third Choice

Applicant Information

Name (Business Entity or Individual)

Mailing Address

City

State

ZIP Code

Complete only if box (2) is checked

Transferee Name (New Applicant Name)

Mailing Address

City

State

ZIP Code

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

This document must be signed by the applicant or by any authorized representative of the applicant.

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

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

Signature

By (if applicable)

Print Name

Instructions for Name Reservation/Transfer

This form should be used if you wish to reserve a name for a proposed new corporation, limited liability company or business trust, or any corporation, limited liability company or business trust intending to change its name. Pursuant to Ohio Revised Code §§1701.05(E), 1702.05(E), 1703.06, 1705.05(E) and 1746.06(D), a name reservation is valid for a period of 180 days beginning on the date of filing.

This form may also be used to transfer the name reservation to a new applicant. Pursuant to Ohio Revised Code §§1701.05(E), 1702.05(E), 1703.06, 1705.05(E) and 1746.06(D), a name reservation may be transferred by the holder (the current applicant) by providing the name and address of the transferee (the new applicant).

This form may also be used to cancel a name reservation. Please provide the registration number of the name reservation in the box. No further information is necessary, proceed to the signature section on page (2) of the form.

Please select the appropriate box to indicate whether the applicant is filing (1) an original name reservation and within this box indicate whether the applicant is reserving a name on behalf of a proposed new corporation or limited liability company or an existing corporation or limited liability company intending to change its name; (2) a name reservation transfer; or (3) cancellation of a name reservation.

Name Being Reserved

Please provide the name you wish to reserve on the first line.

An applicant may choose to provide up to two additional names to be registered if the first choice is unavailable. All name reservations will be processed based on the first available name. (Example: If the first choice is unavailable but both the second and third are available for reservation, only the second name will be registered). Please list preferences accordingly.

Applicant/Transferee Information

Please print the applicant/transferee's name and complete address on the form.

Cancellation of Name Reservation

Please provide reservation number and sign the document.

Signature(s)

After completing all information on the filing form, please make sure that the document is signed by the applicant or by any authorized representative of the applicant to file an original name reservation. To transfer a name reservation, the document must be signed by the current holder of the name. The transferee (new applicant) does not need to sign the document.

****Note: Our office cannot guarantee a name reservation until the filing form has been processed and accepted by our office. A written confirmation will be sent to confirm that the name has been reserved.**

****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.**