



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.](#)

Statement of Partnership Authority
Filing Fee: \$99
(189-PRT)
Form Must Be Typed

Name of Partnership

Registration Number of Partnership (Required only if partnership has filed a prior statement under Ohio Revised Code 1776)

Address of the partnership's chief executive office

Mailing Address

City

State

ZIP Code

If the chief executive office is not in Ohio, the address of any office of the partnership in Ohio, if exists

Mailing Address

City

State

ZIP Code

Provide the names and addresses of all partners or appoint an information agent

Partner Name

Partner Address

Information Agent

Name of Information Agent

Mailing Address

City

State

ZIP Code

Must Complete This Section

Original Appointment of Statutory Agent

The undersigned authorized representative(s) of

(Name of Partnership)

hereby appoint the following to be Statutory Agent upon whom any process, notice or demand required or permitted by statute to be served upon the partnership may be served.

(Name of Statutory Agent)

(Mailing Address)

(Mailing City)

(Mailing State)

(Mailing ZIP Code)

Acceptance of Appointment

The Undersigned, named herein as the statutory agent for

(Name of Partnership)

hereby acknowledges and accepts the appointment of agent for said partnership.

(Individual Agent's Signature / Signature on Behalf of Business Serving as Agent)

Optional: The names of the partners authorized to execute an instrument transferring real property held in the name of the partnership and any limitations of that authority.

Names

Authority / Limitations

Optional: The names of the partners authorized to enter into transactions on behalf of the partnership (other than instruments transferring real property held in the name of the partnership) and any limitations on that authority.

Names

Authority / Limitations

Optional: Insert here or on attached sheets any other matter to be included in a statement of authority.

Names

Authority / Limitations

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 representative.

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

Signature

By (if applicable)

Print Name

Instructions for Statement of Partnership Authority

This form should be used to file a statement of partnership authority pursuant to Ohio Revised Code §1776.33.

Name and Registration Number of Partnership

The name of the partnership must be provided. This name does **not** have to be distinguishable upon the records from other business names. By operation of law, five years after the date on which the Statement, or the most recent amendment, was filed with the Secretary of State, statement is no longer valid.

A registration number may be provided if the partnership is already on our records and the statement is being filed to continue to provide valid notice of the partnership's status.

Address of Partnership

The partnership must provide the address of its chief executive office and that of one office in Ohio, if an Ohio office. If the chief executive office is located in Ohio, provide only that address.

Names and Addresses of Partners OR Information Agent Information

Pursuant to Ohio Revised Code §1776.33(A)(1)(c), the partnership must provide a list of the names and addresses of all partners OR the partnership must provide the name and address of an information agent.

Original Appointment of Agent and Acceptance of Appointment

Pursuant to Ohio Revised Code §1776.07, any partnership that maintains an effective statement of partnership authority must maintain continuously in Ohio an agent for service of process on the partnership. The statutory agent must be one of the following: (1) an Ohio resident; (2) an Ohio corporation; or (3) a foreign corporation licensed to do business in Ohio.

The statutory agent must sign the Acceptance of Appointment. If the agent is an individual using a P.O. Box address, the agent must check the box to confirm that he or she is an Ohio resident.

Authority of Partners

The partnership may list the names of partners authorized to execute an instrument transferring real property held in the name of the partnership, the authority, including limitations, which some or all of the partners have to enter other transactions on behalf of the partnership, and any other matter.

****Note: A Statement of Partnership Authority is canceled by operation of law five years after the date on which the Statement, or the most recent amendment, was filed with the Secretary of State.**

Additional Provisions

If the information you wish to provide for the record does not fit on the form, please attach additional provisions on a single-sided, 8 1/2 x 11 sheet(s) of paper.

Signature(s)

Application must be signed by the registrant or an authorized representative.

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.

A typed name signifies an "intent to sign" which is acceptable.

****NOTE: Our office cannot file or record a document that 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.**