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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 1329  
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.](#)

**Foreign Limited Liability Company  
Certificate of Correction  
Filing Fee: \$50  
(135-LFC)  
Form Must Be Typed**

The undersigned authorized representative of:

Name of limited liability company in jurisdiction of formation

Name of limited liability company in Ohio, if different than above

Ohio Registration Number

Jurisdiction of Formation

**Only complete sections that apply. (sections to be corrected)**

Name of limited liability company in jurisdiction of formation

Name of limited liability company in Ohio

Name of limited liability company in Ohio must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "ltd." or "ltd"

The address to which interested persons may direct requests for copies of any operating agreement, or any bylaws, or other charter documents of the company is:

Mailing Address

City

State

ZIP Code

**Complete the information in this section if the limited liability company wants to correct the statutory agent information.**

The limited liability company hereby appoints the following as its agent upon whom process against the limited liability company may be served in the state of Ohio. The name and complete address of the agent is

Name of Statutory Agent

Mailing Address

City

State

ZIP Code

The limited liability company irrevocably consents to service of process on the agent listed above as long as the authority of the agent continues, and to service of process upon the Ohio Secretary of State if:

- a. an agent is not appointed, or
- b. an agent is appointed but the authority of that agent has been revoked, or
- c. the agent cannot be found or served after the exercise of reasonable diligence.

**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.

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 Foreign Limited Liability Company Certificate of Correction

This form should be used if you wish to file a correction to the articles of organization for a foreign limited liability company.

Pursuant to Ohio Revised Code §1705.55, if any statement in an application for registration as a foreign limited liability company is materially false when made or if any facts described in the application have changed making it inaccurate in any material respect, the foreign limited liability company must file a certificate correcting the application.

## General Information

Indicate the name of the limited liability company (in the jurisdiction of formation) and the jurisdiction of formation. Also, provide the name registered in Ohio and registration number.

## Name of Limited Liability Company

Please provide the name of the limited liability company if this information is to be corrected.

Pursuant to Ohio Revised Code §1705.05, the name used in Ohio must include one of the following: "limited liability company," "limited," "LLC," "L.L.C.," "ltd." or "ltd".

## Address to Contact

An address to which interested persons may direct requests for copies of the articles of organization, operating agreement, bylaws, or other charter documents of the company must be provided pursuant to Ohio Revised Code §1705.54(A) (5).

## Original Appointment of Statutory Agent

Pursuant to Ohio Revised Code §1705.54(A) (3), a foreign limited liability company must appoint a statutory agent to accept service of process on behalf of the company. We cannot accept articles of organization unless the statutory agent information is provided. The statutory agent must be one of the following: (1) A natural person who is a resident of this state; or (2) A domestic or foreign corporation, nonprofit corporation, limited liability company, partnership, limited partnership, limited liability partnership, limited partnership association, professional association, business trust, or unincorporated nonprofit association that has a business address in this state. If the agent is a business entity then the agent must meet the requirements of Title XVII of the Revised Code to transact business or exercise privileges in Ohio.

## Consent Statement

Pursuant to Ohio Revised Code §1705.54(A) (4), by signing this document the limited liability company irrevocably consents to service of process upon the listed agent and to service of process upon the Ohio Secretary of State if an agent is not appointed or an agent is appointed but the authority of that agent has been revoked or the agent cannot be found or served after the exercise of due diligence.

## 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 ½ x 11 sheet(s) of paper.

**Signature(s)**

After completing all information on the filing form, please make sure that page 2 is signed by at least one authorized representative of the limited liability company.

**\*\*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.**