



**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)

**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 submit the required filing fee by completing the attached Credit Card Authorization Form or include a check or money order made payable to "Ohio Secretary of State" for the exact fee. Pursuant to Ohio law, overpayments of \$10.00 or less will not be refunded.**

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

Expiration Year

CVV/Security Code



Form 544 Prescribed by:

**JON HUSTED**  
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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

## Application for Exclusive Right to Name of Business Trust and Transfer of Business Trust Name

(1) Application for Exclusive Right to  
 Name a Business Trust (118-BTN)  
Filing Fee \$50.00

(2) Transfer of Business Trust Name  
 (119-BSA)  
Filing Fee \$25.00

Any business trust that has not made the filings described under section 1746.04 of the Revised Code may submit a written application for the exclusive right to use a specified name as the name of such business trust. The right so obtained may be transferred by the applicant by the filing of a written transfer stating the name and address of the transferee.

If box (1) is checked above, please complete the following information

Business Trust Name to be Registered

Applicant's Address

Mailing Address

City

State

ZIP Code

If box (2) is checked above, please complete the following information

Registration Number of Name Being Transferred

New Applicant's Name

New Applicant's Address

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**

Must be signed by an authorized officer of the business trust.

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 Application for Exclusive Right to Name of Business Trust and Transfer of Business Trust Name

Pursuant to section 1746.06 of the Revised Code, this form should be used if a business trust that has not made the filings described under section 1746.04 of the Revised Code desires to apply for the exclusive right to use a specified name as the name of such business trust; or (2) if the applicant or other holder thereof desires to transfer the registered name to a new applicant. Please select the box that indicates what action you wish to take.

## **Follow these additional instructions if box (1) is checked.**

Ohio Revised Code Section 1746.06 permits a business trust to apply for exclusive right to use a specified name if the business trust has not filed under section 1746.04 of the Revised Code. If the name is available for such use, the secretary of state will approve the application and from the date of such indorsement, the applicant will have exclusive right to use the name for the period that it transacts business. Please provide the name and address of the applicant if box (1) is checked.

## **Follow these additional instructions if box (2) is checked.**

The right to the name may be transferred by the applicant or other holder by filing this form with the secretary of state. Please provide the name and address of the new applicant if box (2) is checked.

## **Signature**

The form must be signed by an authorized representative of the business trust.

**\*\*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.**