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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.](#)

**Notification for a Corporation that is a Bank, Savings Bank, or Savings and Loan Association Chartered Under the Laws of the United States**  
**(181-FNB)**  
**Filing Fee \$25.00**  
**Form Must Be Typed**

Name of the Bank

Any trade name(s) under which the Bank will conduct business.

Location of the main office (non-Ohio)

Mailing Address

City  State  ZIP Code

County of

Location of Principal office in Ohio, if any.

Mailing Address

City  State  ZIP Code

County of

**Appointment of Agent**

The bank hereby appoints as its statutory agent upon whom process against the bank may be served in the state of Ohio. The name and complete address of the statutory agent is:

Name of Statutory Agent

Mailing Address

City

State

ZIP Code

**Brief summary of the business to be transacted in Ohio.**

**Please attach a Certificate of Good Standing or Subsistence, dated not earlier than 60 days prior to the submission of the notice. See instructions for additional requirements.**

**Notorization**

I,  being duly sworn, state that I am the  
Name of Officer

President       Vice-President       Secretary       Treasurer

of   
Name of Bank

and the foregoing statements are true and correct to the best of my knowledge and belief.

Signature

Sworn to and subscribed in my presence on this date (MM/DD/YYYY)

Notary Public

Date Commission Expires (MM/DD/YYYY)

# **Instructions for Notification for a Corporation that is a Bank, Savings Bank, or Savings and Loan Association Chartered Under the Laws of the United States**

Pursuant to section 1703.031 of the Revised Code, this form should be used if the laws of the United States prohibit, preempt or otherwise eliminate the licensing requirement of sections 1703.01 to 1703.31 of the Revised Code with respect to a corporation that is a bank, savings bank, or savings and loan association chartered under the laws of the United States.

If the main office is located in another state, then the bank, savings bank, or savings and loan association must complete this form to provide notice that it is transacting business in Ohio.

## **Name(s) of Corporation**

Please provide the name of the corporation and any trade name under which it will do business in Ohio.

## **Location**

Please provide the complete address, including county, of the corporation's main office in another state, and its principal office, if any, in Ohio. If there is no principal office in Ohio, please leave that section blank.

## **Appointment of Statutory Agent**

Please provide the name and mailing address of a statutory agent. 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.

## **Service of Process**

By completing this form, the corporation agrees to the irrevocable consent to service of process on such agent so long as the authority of the agent continues and to service of process upon the secretary of state in the events provided for in section 1703.19 of the Revised Code.

## **Purpose**

Please provide a brief summary of the business to be transacted within Ohio.

## **Signature**

The form must be verified by the oath of the president, vice-president, secretary, or treasurer of the bank, savings bank, or savings and loan association.