



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 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.](#)

**Statement of Correction
(Partnership / Limited Liability Partnership)**

**Filing Fee: \$50
(190-PSC)**

Form Must Be Typed

Name of Partnership	Registration Number

Statement Being Corrected

Name of Statement	Date Filed

Specify the inaccuracy or defect to be corrected

Set forth the corrected portion of the statement

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 Correction

This form should be used to file a statement of correction if any statement filed with the secretary of state pursuant to Ohio Revised Code §1776 is an inaccurate record of the action referred to in the statement, or that was defectively or erroneously executed.

Name and Registration Number of the Partnership

The name and registration number of the partnership must be provided.

Name of Statement Being Corrected and Date Filed

The statement of correction must state the name of the statement that the partnership intends to correct and also provide the date the original statement was filed with the secretary of state.

Inaccuracy or Defect to be Corrected

The partnership must specify the inaccuracy or defect to be corrected.

Corrected Portion of the Statement

Pursuant to Ohio Revised Code §1776.12(A), the partnership may set forth the inaccurate or defective portion of the statement in corrected form.

Pursuant to Ohio Revised Code §1776.12(B), in lieu of filing a statement of correction, setting forth only the corrected portion of the statement, the partnership may file a corrected statement in the same manner as an original statement and pay a fee equal to the fee payable for an original statement. In order to do this, the statement of correction form must be completed to provide the secretary of state with the name of the entity, registration number, name of statement being corrected, date filed and the description of the inaccuracy or defect to be corrected. The partnership must then attach the original statement in corrected form and pay the fee required by the original statement.

Note: The statement of correction is effective as of the date the original statement was filed, except as to persons who are substantially and adversely affected by the correction, for whom the statement of correction is effective from its filing date.

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)

After completing all information on the filing form, please make sure that the form is signed by an authorized representative.

****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.**