



COMMONWEALTH OF KENTUCKY
Michael G. Adams, Secretary of State

Division of Business Filings
BUSINESS FILINGS
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
(502) 564-5687 (fax)
www.sos.ky.gov

Request for Corporate Documents

BUSINESS NAME: _____

CERTIFICATES REQUESTED
All certificates are \$10.00 each.

DOMESTIC:

FOREIGN:

___ CERTIFICATE OF EXISTENCE

___ CERTIFICATE OF AUTHORIZATION

DOCUMENTS REQUESTED

___ ALL DOCUMENTS FILED

___ CERTIFICATE OF LIMITED PARTNERSHIP

___ ALL DOCUMENTS FILED
(EXCLUDING ANNUAL REPORTS)

___ STATEMENT OF PARTNERSHIP AUTHORITY

___ ANNUAL REPORTS-YEAR(S) _____

___ APPLICATION FOR CERTIFICATE OF AUTHORITY

___ ARTICLES, AMENDMENTS, MERGERS

___ APPLICATION FOR CERTIFICATE OF AUTHORITY AS A
FOREIGN LIMITED PARTNERSHIP

___ ARTICLES OF INCORPORATION/ORGANIZATION

___ STATEMENT OF QUALIFICATION

___ LIST SPECIFIC DOCUMENT _____

Please indicate if your document request is for regular copies or certified copies:

___ REGULAR COPIES
(\$5.00 up to 5 pages, then \$0.50 a page thereafter)

___ CERTIFIED COPIES
(\$5.00 up to 5 pages, then \$0.50 a page thereafter and \$5.00 for the
certificate)

REQUESTER'S INFORMATION:

Contact Person: _____ Company: _____

Mailing Address: _____ City _____ State _____ Zip _____

Phone Number: _____ Fax Number: _____ Email Address: _____

If you would like the documents returned by fax or e-mail, an additional fee of \$5.00 per every 10 pages is assessed:

Fax return: Yes: ___ No: ___

Email return: Yes: ___ No: ___

PAYMENT INFORMATION

___ Check _____

___ Credit Card # _____ Expiration Date _____ Security code _____

___ Pre-paid Account: Account # _____ Agent # _____ Pin # _____

Comments: _____