



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

1248001.06 jchristensen
LAOA

Michael G. Adams
Kentucky Secretary of State
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Office of Business Services
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Request for Corporate Documents

BUSINESS NAME: _____

☐ **CERTIFICATE OF GOOD STANDING REQUEST** (certificates of good standing are \$10.00 each):
☐ **DOMESTIC ENTITY** (CERTIFICATE OF EXISTENCE) ☐ **FOREIGN ENTITY** (CERTIFICATE OF AUTHORIZATION)

☐ **COPIES REQUEST** (please indicate if request is for regular or certified copies):
☐ **REGULAR COPIES** (\$5.00 for each set up to 5 pages, \$0.50 additional pages) ☐ **CERTIFIED COPIES** (\$10.00 for each set up to 5 pages, \$0.50 additional pages)

- | | |
|--|---|
| <input type="checkbox"/> ALL DOCUMENTS FILED | <input type="checkbox"/> CERTIFICATE OF LIMITED PARTNERSHIP |
| <input type="checkbox"/> ALL DOCUMENTS FILED
(EXCLUDING ANNUAL REPORTS) | <input type="checkbox"/> STATEMENT OF PARTNERSHIP AUTHORITY |
| <input type="checkbox"/> ANNUAL REPORTS-YEAR(S) _____ | <input type="checkbox"/> APPLICATION FOR CERTIFICATE OF AUTHORITY |
| <input type="checkbox"/> ARTICLES, AMENDMENTS, MERGERS | <input type="checkbox"/> APPLICATION FOR CERTIFICATE OF AUTHORITY AS A
FOREIGN LIMITED PARTNERSHIP |
| <input type="checkbox"/> ARTICLES OF INCORPORATION/ORGANIZATION | <input type="checkbox"/> STATEMENT OF QUALIFICATION |
| <input type="checkbox"/> LIST SPECIFIC DOCUMENT _____ | |

Select method of return (check only one):

Email return only (.pdf file): ☐

Hard copy only (paper) by mail: ☐

Comments: _____

REQUESTER'S INFORMATION:

Contact Person: _____ Company: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

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

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☐ Check _____

☐ Credit Card # _____ Expiration Date _____ Security code _____

BILLING ADDRESS FOR CREDIT CARD INCLUDING ZIP CODE:

Billing Address: _____ City: _____ State: _____ Zip: _____

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