

CERTIFICATES ORDER FORM

THIS REQUEST IS BEING PROCESSED FOR: (please type or print legibly)		Date:	
Business Entity Type:	CORP LLC LP GP LLP UCC	Phone:	
Your Name:		_ Fax: _	
Company Name:		Email:	
Address:		_ Return Options:	Email Fax Mail Route Overnight
City/State/Zip:		Account #:	
Ref./Order/Escrow #:		Account Type:	FedEx GSO
ENTITY NAME:			
ENTITY TYPE: (select only one option)		d Partnership (LP) ral Partnership (GP)	Limited Liability Partnership (LLP) Other:
CERTIFICATE REQUEST:	\$15 for each certificate* plus \$35 service fee p	er business entity name	
	Certificate of Good Standing		Certificate(s)
	Certificate of Suspension		Certificate(s)
	Certificate of Suspension		Certificate(s) Certificate(s)
	Certificate of Forfeiture		Certificate(s)
	Certificate of Forfeiture Certificate of Dissolution		Certificate(s) Certificate(s)
	Certificate of Forfeiture Certificate of Dissolution Certificate of Cancellation	ent on record	Certificate(s) Certificate(s) Certificate(s)
	Certificate of Forfeiture Certificate of Dissolution Certificate of Cancellation Certificate of Surrender Certificate of Filing of All Documents	ent on record	Certificate(s) Certificate(s) Certificate(s) Certificate(s)