

North Carolina Department of the Secretary of State
BUSINESS REGISTRATION DIVISION
P.O. Box 29622
Raleigh, NC 27626-0622
(919) 814-5400 or Toll Free 1-888-246-7636
www.sosnc.gov

Contact Personal Name: _____

Phone: _____

Contact Business Name: _____

Mailing Address: _____

E-Notification: Please provide the e-mail address you would like the certified copy of the filing to be sent to.

E-Mail Address: _____

Fax #: _____

Customer Ref#: _____

Name of Entity: _____

Type of Document: _____

Processing Method

Check One:

- Same Day Guaranteed Filing (additional \$200; document received by 12:00 NOON in proper form)*
- 24-hour Guaranteed Filing (additional \$100; document received in proper form)*
- Regular Process

*Examination time guaranteed only; documentation may not necessarily be completed.

Return Method

Check One:

- Pick up
- Mail to
- above E-Notification

Special Notes: _____

Updated Refund Policy: Refund requests must be made within 45 consecutive days of receipt of funds and will only be issued for amounts over \$10.00.

