



# SECRETARY OF THE STATE OF CONNECTICUT

MAILING ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, P.O. BOX 150470, HARTFORD, CT 06115-0470

DELIVERY ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, 30 TRINITY STREET, HARTFORD, CT 06106

PHONE: 860-509-6003

WEBSITE: [www.concord-sots.ct.gov](http://www.concord-sots.ct.gov)

## EXPEDITED SERVICE REQUEST (24 Hour)

C.G.S. §§ 3-99a; R.C.S.A. 3-99a-1 to 3-99a-25

USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 8 1/2 X 11 SHEETS IF NECESSARY.

### 1. NAME OF REQUESTING PARTY:

### PHONE #, INCLUDING AREA CODE - REQUIRED:

ADDRESS:

CITY:

STATE:

ZIP:

### BUSINESS ID# (IF APPLICABLE):

### NAME OF BUSINESS ENTITY- REQUIRED:

**CUSTOMER ID#**, IF ANY (BY PROVIDING MY CUSTOMER ID# I AM AUTHORIZING THE SECRETARY OF THE STATE'S OFFICE TO DEBIT MY ACCOUNT):

PICK UP    OR     MAIL

**EXPEDITED SERVICE FEE IS \$50.00 PER TRANSACTION IN ADDITION TO THE FILING FEE. EACH CERTIFICATE OR COPY IS CONSIDERED A SEPARATE TRANSACTION.**

**NOTE: THERE IS ONLY ONE EXPEDITED FEE WHEN A CERTIFICATE OF INCORPORATION AND ORGANIZATION AND FIRST REPORT ARE FILED TOGETHER FOR THE SAME ENTITY.**

### DOCUMENT(S) BEING FILED:

DOCUMENT FILING FEE(S) \$ \_\_\_\_\_

NUMBER OF DOCUMENTS BEING EXPEDITED: \_\_\_\_\_ X (50.00) = \$ \_\_\_\_\_

TOTAL FILING FEE(S) \* \$ \_\_\_\_\_

DOCUMENT COPIES: (Note: Fees below include the \$50.00 Expedited Service charge.)

NUMBER OF CERTIFIED COPIES \$105.00

NUMBER OF PLAIN COPIES \$90.00

NAME OF DOCUMENT	FILING NUMBER	DATE	VOLUME	PAGE	FEE
					\$ _____
					\$ _____
					\$ _____

(REFERENCE AN ATTACHMENT IF ADDITIONAL SPACE IS REQUIRED).

DOCUMENT COPY FEES\* \$ \_\_\_\_\_

**NOTE: LONG FORM CERTIFICATES AND CERTIFICATES OF NO RECORD CANNOT BE EXPEDITED.**

**CERTIFICATES OF LEGAL EXISTENCE**

**1. CORPORATIONS, LIMITED LIABILITY**

PARTNERSHIPS, STATUTORY TRUSTS	NUMBER REQUESTED		FEE		FEE AMOUNT
A. Express Certificate of Legal Existence	A. _____	X	100.00	=	A. \$ _____
B. SHORT FORM CERTIFICATE (REFLECTS ALL NAME CHANGES)	B. _____	X	130.00	=	B. \$ _____

**2. LIMITED LIABILITY COMPANIES:**

C. EXPRESS CERTIFICATE	C. _____	X	100.00	=	C. \$ _____
D. SHORT FORM CERTIFICATE (REFLECTS ALL NAME CHANGES)	D. _____	X	100.00	=	D. \$ _____

**3. LIMITED PARTNERSHIPS:**

E. CERTIFICATE OF LEGAL EXISTENCE	E. _____	X	100.00	=	E. \$ _____
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**4. SPECIAL CERTIFICATES:**

F. CERTIFICATE EVIDENCING:	F. _____	X	100.00	=	F. \$ _____
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**FEES (ADD A THRU F) \* \$ \_\_\_\_\_**

**TOTAL AMOUNT DUE \$ \_\_\_\_\_**

TOTALS WITH THE ASTERISKS (\*)

**REQUIRED INFORMATION FOR CREDIT CARD TRANSACTIONS, VISA, MASTERCARD or AMEX.**

**NAME ON CREDIT CARD:**

**CREDIT CARD #:**

**EXPIRATION DATE (MONTH/YEAR):**

**SECURITY CODE:**

**ZIP CODE (MUST MATCH THE CREDIT CARD BILLING ADDRESS):**

**SIGNATURE:** \_\_\_\_\_

## **INSTRUCTIONS**

1. Print or type the name and address of the requesting party. Correspondence will be mailed to this address.
2. Print or type the name of the business, which is the subject of the request.
3. Print or type Customer ID (if applicable). By providing your Customer ID you are authorizing the Secretary of the State's office to debit your account.
4. **Mail:** Documentation will be mailed **to the requesting party at 4:00 PM** on the following business day. Allow additional time for mail delivery.

**Pick Up:** Documentation must be **picked up before 4:00 PM** on the following business day or it will be placed in the outgoing mail and cannot be retrieved. In this case allow additional time for mail delivery.

5. **Expedited Fee is \$50.00 PER TRANSACTION** – For example: Review of a document filing and issuance of a confirmation letter is one transaction while a request for a certified copy is another transaction.
6. The request will be completed within twenty-four hours of receipt. If the twenty-four hour period ends on a Saturday, Sunday, holiday, or day on which the Commercial Recording Division is not open for business, the twenty-four hour period is extended to the appropriate hour of the next business day on which the Commercial Recording Division is open for business.

**Please note: Expedited Service (24 Hour) is the amount of time this office has to process your request. Allow additional time for mailing. Paying for expedited service does not guarantee that your filing will be accepted.**

Each time a document is reviewed on an expedited basis and rejected, the \$50.00 expedited fee will be **forfeited**. Therefore, if documents are to be expedited upon resubmission, an additional expedited fee must be resubmitted along with the documents.

## **OFFICE OF THE SECRETARY OF THE STATE**

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