## 2020 CERTIFICATE OF GOOD STANDING REQUEST FORM

IMPORTANT! FOLLOW INSTRUCTIONS EXACII\_Y WHEN COMPLETING THIS FORM.PLEASE PRINT CLEARLY.



**QUESTIONS?** 



TOLL FREE (888) 842-9265 RECORDS@OHCERTSERVICE.COM

FOR OFFIC E TISE ONT.V. 01-1-440SU;;'1c

21 """AUTO •• ALL FOR MDC 440

FORM OHCS-GS 10.883(1)

559340H-250

Key Code: OH-CS3847-0707 Entity Number: 4498675	Notice Date: 07/07/2020	PLEASERESPONBBY:
Business Address:	·	July 21, 2020
		111111111111111111111111111111111111111
Congratulations on registering your business with the Sta have one step left in order to attain your elective Ohio Ce Below is a form for your newly registered business. Pleas Standin g Request.  A Ohio Certificate of Good Standing is issued by the Secrebusiness purposes. A Certificate of Good Standing certifies complies with all state requirements. The Certificate of Goentity's status, current legal name and date of formation.	ertificate of Good Standing. se confirm the accuracy of the inform etary of State and may be required for lose that your Ohio business is in existence and Standing shows the official evidence	ation below for your Ohio Certificate of Good  oans, to renew business licenses, or for tax or other, is authorized to transact business in the state and of an entity's existence and provides a statement of an
Business Infm·mation		
Business Type: FICTITIOUS NAMES		
Date Of Registration: 7/6/2020		
Certificate Of Good Standing Fee: \$67.50	This is not a government agency	
Step 1: Please Confirm Business Name & Address Are Correct.		Entity Number:
Business Name:	·	•
		4498675
Step 2: Contact Information- DO NOT SKIP	THIS STEP! Email & Contact Nu	umber Are Required For Processing
Name: En	nail:	Phone Number:
Step 3: Payment - Select Payment Method & I	Double Check Payment Information	on
CHECK OR MONEY ORDER ENCLOSE IN THE AMOUNT OF: \$67.50  Please make your check or money order payab OH Certificate Service 1391 W. 5th Avenue Suite 332 Columbus, OH. 43212 Step 4: Authorization- Please Sign, Date & Re	[PLEASI le to: PROCES	E ALLOW UP TO TWO WEEKS FOR SSING AND RETURN OF DOCUMENT
Signature:		Date:
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