

Business Entities Submission Cover Sheet

For fastest service, file online at <u>bizfileOnline.sos.ca.gov</u>.

Instructions:

- Complete and include this form with your paper submission. This form will not be made part of the filed document.
- Make all checks or money orders payable to the Secretary of State.
- In-person submissions (excluding Statements of Information): \$15 special handling fee. Do not include a \$15 special handling fee when submitting documents by mail.
- All submissions are reviewed in the date order of receipt, with online submissions given priority. For updated processing time information, visit <u>www.sos.ca.gov/business/be/processing-dates</u>.
- To obtain a certified copy, include certification fees with your submission.

Note: All correspondence related to your submission will be sent to the name and address on your check or money order.

Contact Person (Please type or print legibly):

First Name:	Last Name:
Phone Number:	Email:
Entity Information (Please type or print le	egibly):
Entity Name:	
Entity Number (if applicable):	
Comments:	

Secretary of State	1505	
Registered Corporate Ag	gent for	
Service of Process Certi	ficate	
(Registered Corporations ONL)	Y)	
Filing Fee – \$30.00		
Certified Copy Fees (Optional) – \$5.00		
	eiste verd with the	
Who Can File? Any active corporation that is re- California Secretary of State can file this Form 15	•	
authorized to be a corporate agent for service of p		
business entities that are registered with the Secr	-	
To check the status of your corporation, and to er entering the exact name of the corporation and th		
Secretary of State entity number, go to bizfileOnlin		
		This Space For Office Use Only

2. Secretary of State Entity Number

(Enter the complete street address in California of the office where any entity that named your corporation as agent for service of process may be served with process.)

3. Address for Service of Process

Do not enter a P.O. Box or "in care of" an individual or entity.

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Street Address - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
		СА	
	yed by your corporation who are authorized to		

Authorized Employees 4.

1. Corporate Name

of service of process, at the address entered in Item 3 above, on any entity who has designated your corporation a as its agent for service of process. Must enter at least 1 person. If there are more than 3.)

a. First Name of Authorized Employee	Middle Name	Last Name	Suffix
b. First Name of Authorized Employee	Middle Name	Last Name	Suffix
c. First Name of Authorized Employee	Middle Name	Last Name	Suffix

5. Statement of Consent (Do not alter the Statement of Consent.)

This corporation consents that delivery of a copy of service of process to an authorized employee at the address designated in item 3 shall constitute delivery of any such copy to the corporation, as the agent for service of process.

6. Read and Sign Below (Office or title not required. Do not use a computer generated signature.)

I am a corporate officer and am authorized to sign on behalf of the corporation.

Signature

Type or Print Name