

## Secretary of State Business Programs Division

Business Entities 1500 11th Street, Sacramento, CA 95814 P.O. Box 944260, Sacramento, CA 94244-2600

## **Business Entities Submission Cover Sheet**

For fastest service, file online at bizfileOnline.sos.ca.gov.

## 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 www.sos.ca.gov/business/be/processing-dates.
- 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:			
ty Information (Please type or print legibly):				
Entity Name:				
Entity Number (if applicable):				
Comments:				



S&DC-S/N

Must be submitted with a current Certificate of Good Standing issued by the government agency where the corporation was formed.

Filing Fee - \$100.00 (for a foreign stock corporation) or \$30.00 (for a foreign nonprofit corporation)

Certified Copy Fee (Optional) - \$5.00

Note: Corporations may have to pay minimum \$800 tax to the California Franchise Tax Board each year. For more information, go to https://www.ftb.ca.gov/.

		This Space For Office Use Only						
Corporate Name (Go to <a href="www.sos.ca.gov/business/be/name-reservations">www.sos.ca.gov/business/be/name-reservations</a> for general corporate name requirements and restrictions.)		<ol> <li>Jurisdiction (State, foreign country or place where this corporation is formed - must match the Certificate of Good Standing provided.)</li> </ol>						
3. Business Addresses (Enter the complete business addresses. Items 3a and 3b cannot be a P.O. Box or "in care of" an individual or entity.)								
a. Initial Street Address of Principal Executive Office - Do not enter a P.O. Box	City (no abbreviations)			State	Zip Code			
b. Street Address of Principal Office in California, if any - Do not enter a P.O. Box	City (no abbreviations)			State	Zip Code			
				CA				
c. Mailing Address of Principal Executive Office, if different than item 3a	City (no abbreviations)			State	Zip Code			
4. Service of Process (Must provide either Individual OR Corporation.	,							
INDIVIDUAL – Complete Items 4a and 4b only. Must include agent's full	I	nia street a				1		
a. California Agent's First Name (if agent is <b>not</b> a corporation)	Middle Name	Middle Name Last Name			Suffix			
b. Street Address (if agent is <b>not</b> a corporation) - <b>Do not enter a P.O. Box</b>	City (no abbreviations)		State	Zip Code				
				CA				
CORPORATION – Complete Item 4c. Only include the name of the regis	tered agent Corp	oration.			<u> </u>			
c. California Registered Corporate Agent's Name (if agent is a corporation) – Do no	t complete Item 4a	a or 4b						
5. Read and Sign Below (Office or title not required.)								
I am a corporate officer and am authorized to sign on behalf of the foreign corporation.								
Signature	Type or Print Name							