# Instructions for properly completing a Filing Memo

Only use this form if sending to our office by mail or courier service and are paying by Check. If you wish to pay by Credit Card or ACH <u>DO NOT</u> complete this form. Please use our Document Filing and Certificate Request Service located at

https://corp.delaware.gov/document-upload-service-information/

### **Submitters Information**

Mark the appropriate priority box. (Additional Expedited Cost)

Fees: Priority 1 (One hr) - \$1000.00 Priority 2 (Two hr) - \$500.00

> Priority 3 (Same Day) - Varies – Please see fee schedule Priority 4 (24 hour) - Varies – Please see fee schedule

#### **Submitters Information**

Completely fill out your individual or business/firm name and complete address. The attention line needs to be completed if a business or firm name is listed. Please include a phone number and/or email address in case our office needs to contact you.

Note: The account number is only to be completed by submitters that have an existing Depository account with the Division of Corporations. Please ignore this field if you do not have a Depository account.

## **Filing Information**

Complete the name of the entity and the entity file number. If you do not have the file number, you may leave it blank.

# Other Document Filing Information

Complete this section if requesting additional items, such as certified copies, good standing, certificate of fact (i.e., re: merger, re: change of name), and if an apostille/gold seal is needed on such certificate for use in a foreign jurisdiction.

#### Method of Return

All documents are returned Regular Mail or you can provide a Fed-X or UPS account number for express mail. Please mark the appropriate method of return.

Please contact our office at 302-739-3073 with any questions or for verification of fees.

Return forms and memos to:

Delaware Division of Corporations 401 Federal Street - Suite 4 Dover, DE 19901

# State of Delaware - Division of Corporations DOCUMENT FILING SHEET

	Priority 1 (One Hr)	Priority 2 (Two Hr)	Priority 3 (Same Day)	Priority 4 (24 Hour)		L	Priority 7 (Reg. Work)	
C A R C P E	Attention: Return Address City-State-Zip Phone:	ne:	Fax#_	Country		DO NOT WRITE	(Reg. Work) IN THIS SPACE	_
Name of Company/Entity								
OTHER DOCUMENT FILING INFORMATION  # OF Certified Copies returned Other  Good Standing Long Form Good Standing Apostille/Gold Seal Country Re: Check# Total \$ enclosed					METHOD OF RETURN (Fax or E-Mail is not available) Messenger/Pickup Fed ExUPS  Account #Regular Mail			
If you wish to pay by Credit Card or ACH, please <b>DO NOT</b> complete this form. Please submit your request using our Document Filing and Certificate Service located at <a href="https://corp.delaware.gov/document-upload-service-information/">https://corp.delaware.gov/document-upload-service-information/</a> The system will create the cover memo using the information entered at the time of the upload.					COMMENTS/FILING INSTRUCTIONS			
	Instructions 2. Fully shade	corp.delaware.gov s on how to prope			SEPARATE ITE	ST MUST BE SUBM SM WITH THIS FILII GE OF EACH SUBM	NG SHEET AS	