

Instructions for properly completing a Filing Memo

Only use this form if sending to our office by mail or courier service. If you wish to pay by Credit Card or ACH **DO NOT** complete this form. Please use our Document Upload 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)

Priority 7
(Reg. Work)

DO NOT WRITE IN THIS SPACE

SUBMITTER'S INFORMATION

Customer

Organization Name: _____

Attention: _____

Return Address _____

City-State-Zip _____ Country _____

Phone: _____ Fax# _____

Email Address: _____

Account Number: _____

DOCUMENT FILING REQUEST INFORMATION

Name of Company/Entity _____

File Number _____ Reservation Number _____

Type of Document _____

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 Ex ___ UPS

Account # _____

___ Regular Mail

If you wish to pay by Credit Card or ACH, please **DO NOT** complete this form. Please submit your request using our new Document Upload Service located at <https://corp.delaware.gov/document-upload-service-information/>

The system will create the cover memo using the information entered at the time of the upload.

COMMENTS/FILING INSTRUCTIONS

INSTRUCTIONS

1. Visit <http://corp.delaware.gov/cvrmemo.shtml> for complete Instructions on how to properly complete this memo
2. Fully shade in the required Priority Square using a dark pencil or marker, staying within the square.

EACH REQUEST MUST BE SUBMITTED AS A SEPARATE ITEM WITH THIS FILING SHEET AS THE FIRST PAGE OF EACH SUBMISSION