



West Virginia Secretary of State  
 Business & Licensing Division  
 Tel: (304)558-8000  
 Fax: (304)558-8381  
 Website: [www.wvsos.gov](http://www.wvsos.gov)

Rev. 01/2023

**Customer Order Request** SUBMIT THIS COMPLETED FORM WITH YOUR FILING.

**STOP** **READ CAREFULLY BEFORE SUBMITTING** - Expedite service is **NOT AVAILABLE** for the following filings:  
 >> Tax Department filings including Sole Proprietorships, General Partnerships, and Associations  
 >> Dissolution or Withdrawal of Corporation, Voluntary Association or Business Trust

**Order Processing Requested\*:**      \* \* \* **Expedite Processing Requires Additional Fees** \* \* \*

<input type="checkbox"/> <b>Standard Processing**</b> Avg. Processing Time: <b>5-10 business days</b> Email to: <a href="mailto:CorpFilings@wvsos.gov">CorpFilings@wvsos.gov</a>	<input type="checkbox"/> <b>24-HOUR Expedite***</b> (additional \$25.00 fee included)	<input type="checkbox"/> <b>2-HOUR Expedite</b> (additional \$250.00 fee included)	<input type="checkbox"/> <b>1-HOUR Expedite</b> (additional \$500.00 fee included)
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Email to: [eFilings@wvsos.gov](mailto:EFilings@wvsos.gov)

**ALL Requests for Copies of documents email to: [Copies@wvsos.gov](mailto:Copies@wvsos.gov)**

\*"Processing" indicates the filing will be completed and registered in the Secretary of State registration database.  
 \*\*Standard Processing applications received by E-MAIL or FAX must include the e-Payment Authorization form with credit card information.  
 \*\*\*NOTE: Orders filed in person through any Secretary of State office location requesting the filing be processed will be assessed a 24-HOUR Expedite fee of \$25.00 per order.

Name of Entity: \_\_\_\_\_

Return filing to:  
 (Return Address) \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Return Delivery Options:** Email or Fax options do not receive a copy via mail; must be ordered separately.

Email to: \_\_\_\_\_

Hold for Pick Up       Mail to Return Address above

Other (explain below): \_\_\_\_\_

FedEx: Acct # \_\_\_\_\_

UPS: Acct # \_\_\_\_\_

**Order Description** (include items being ordered and fee breakdown):

\* PLEASE NOTE: Original paperwork is kept by this office. Include a copy of the original filing if you want a file stamped copy returned to you at no extra charge. **Certified copy requests are an additional \$15 per certified copy being requested.**

**Total Amount:**

**Payment Method:**

<input type="checkbox"/> Check/Money Order	<input type="checkbox"/> Credit Card <span style="border: 1px solid red; padding: 2px;"><small>(Must attach <a href="#">e-Payment Authorization</a> request form including payment information.)</small></span>
<input type="checkbox"/> Cash ( <i>Do Not mail cash</i> )	<input type="checkbox"/> Pre-paid Acct #: _____ Attach signed pre-paid slip.

