

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 **DO NOT** 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)

☐

Priority 7
(Reg. Work)

<p><u>SUBMITTER'S INFORMATION</u></p> <p>Customer Organization Name: _____ Attention: _____ Return Address _____ City-State-Zip _____ Country _____ Phone: _____ Fax# _____ Email Address: _____ Account Number: _____</p>		<p>DO NOT WRITE IN THIS SPACE</p>
<p><u>DOCUMENT FILING REQUEST INFORMATION</u></p> <p>Name of Company/Entity _____ File Number _____ Reservation Number _____ Type of Document _____</p>		
<p><u>OTHER DOCUMENT FILING INFORMATION</u></p> <p># OF Certified Copies returned _____ Other ___ Good Standing ___ Long Form Good Standing ___ Apostille/Gold Seal Country _____ ___ Re: _____ Check# _____ Total \$ enclosed _____</p>	<p><u>METHOD OF RETURN</u> (Fax or E-Mail is not available)</p> <p>___ Messenger/Pickup ___ Fed Ex ___ UPS Account # _____ ___ Regular Mail</p>	
<p>If you wish to pay by Credit Card or ACH, please <u>DO NOT</u> complete this form. Please submit your request using our Document Filing and Certificate Service located at https://corp.delaware.gov/document-upload-service-information/</p> <p>The system will create the cover memo using the information entered at the time of the upload.</p>		<p><u>COMMENTS/FILING INSTRUCTIONS</u></p>
<p><u>INSTRUCTIONS</u></p> <p>1. Visit http://corp.delaware.gov/cvrmemo.shtml for complete Instructions on how to properly complete this memo</p> <p>2. Fully shade in the required Priority Square using a dark pencil or marker, staying within the square.</p>		<p>EACH REQUEST MUST BE SUBMITTED AS A SEPARATE ITEM WITH THIS FILING SHEET AS THE FIRST PAGE OF EACH SUBMISSION</p>