



# Arkansas Secretary of State

1401 W. Capitol, Suite 250, Little Rock, AR 72201

**John Thurston**

501-682-3409 • [www.sos.arkansas.gov](http://www.sos.arkansas.gov)

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## Records Request Form Instructions

\*\*\*To obtain copies or certificates from this office, you must complete the attached Records Request Form.

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### **Ways to Submit the Records Request Form:**

- You may mail the Records Request Form, along with payment.  
Arkansas Secretary of State  
Attn: Records  
1401 West Capitol Avenue, Suite 250  
Little Rock, AR 72201
  - You may bring the Records Request Form to our office (same address as above).
  - You may email the Records Request Form to [corprequest@sos.arkansas.gov](mailto:corprequest@sos.arkansas.gov).
  - You may fax the Records Request form to 501-682-3437.
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### **Fees for Obtaining Records:**

- Copies are \$0.50 per page. There is an additional fee of \$5.00 if the copies are to be certified.
  - If you are paying by credit card or mailing the Records Request Form to the office, the minimum amount due is \$2.50.
  - If paying by credit card, there is an additional 4% transaction fee (minimum of \$1.00) added to the cost.
  - Certificates are \$25.00 each, excluding Certificates of Existence which are \$15.00.
  - You may purchase a Certificate of Good Standing online and print it immediately by going to [https://www.sos.arkansas.gov/corps/search\\_all.php](https://www.sos.arkansas.gov/corps/search_all.php). You will search for the entity name, then click on "Purchase Certificate of Good Standing." There is a \$3.00 processing fee to purchase the certificate online.
  - If you are ordering copies and do not know how much money to include with the request, please contact this office by email at [corprequest@sos.arkansas.gov](mailto:corprequest@sos.arkansas.gov) or by phone at 501-682-3409 or 888-233-0325.
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### **Instructions for Completing the Records Request Form:**

- Section 1: List the Requestor's Name, phone number and email address.
- Section 2: List the name of the entity or entities, the filing number(s) and the type of records being requested.
- Section 3: Choose the payment method. You can pay by check, money order, or credit/debit card. If paying by card, list the card information and sign the form authorizing the Secretary of State to charge the card for the records being requested.
- Section 4: Choose a return methods:
  - Return by Mail: We can return plain copies, certified copies and all certificates by mail.
  - Return by Fax: We can return only plain copies by fax.
  - Return by Email: We can return only plain copies by email.
  - Pickup: You can pick up your plain copies, certified copies and all certificates at our office.



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### Records Request Form

(Please type or print)

Requestor's Name: \_\_\_\_\_ Name of Firm/Organization (If applicable): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime telephone number: \_\_\_\_\_ Email address: \_\_\_\_\_

#### Entity Information:

Name of Entity: \_\_\_\_\_ Filing Number: \_\_\_\_\_

Name of Entity: \_\_\_\_\_ Filing Number: \_\_\_\_\_

Name of Entity: \_\_\_\_\_ Filing Number: \_\_\_\_\_

#### Type of Record Requested (at least ONE option below MUST be checked)

Plain Copies:  
(these come with a "file stamp" at top of document. Plain copies can be mailed, faxed, emailed or picked up)

Certified Copies:  
(these comes with attached certificate. Certified copies can only be returned via mail or pickup)

#### Copy of Records Being Requested:

Articles of Incorporation/Qualification / Certificate of Organization  
Articles / Certificate **PLUS** Amendments Showing a Name Change  
Complete Corporate File  
Franchise Tax Records (Redacted)  
Certificate of Good Standing  
Other \_\_\_\_\_

#### Form of Payment Enclosed or Authorized:

**Check drawn on U.S. bank** (Checks/Money Orders must be payable to Arkansas Secretary of State.)

**Money Order from a U.S. bank**

**Credit/Debit Card:**      Visa                      MasterCard                      American Express                      Discover

Name as it appears on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Card Number: \_\_\_\_\_ CVV#: \_\_\_\_\_ Expiration: \_\_\_\_\_

**Note: A 4% convenience fee will be added to all credit/debit card transactions.**

**Payment Authorization; I authorize the Arkansas Secretary of State to charge my credit/debit card for the amount due for the records provided by the Secretary.**

**Cardholder's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*If the name on the credit card or debit card is in the name of a corporation or other business entity, please print the signer's name:* \_\_\_\_\_

#### Return Information:

Return by Mail (Plain Copies, Certified Copies, Certificates)

Name: \_\_\_\_\_ Street Address or P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Return by Fax (Plain Copies Only)      Fax Number: \_\_\_\_\_

Return by Email (Plain Copies Only)      Email Address: \_\_\_\_\_

Customer will come to the Secretary of State's Office to pick up the Records (Plain Copies, Certified Copies, Certificates)

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