



Arkansas Secretary of State

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

John Thurston

501-682-3409 • www.sos.arkansas.gov

Records Request Form Instructions

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

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 corporations@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. 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 corporations@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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