Instructions: Form SS-4461
Request for Copy of Documents

Business Services Division
Tre Hargett, Secretary of State
State of Tennessee

Submission Options

A Request for Copy of Documents may be obtained using one of the following methods:

**Paper Submission:** A blank Request for Copy of Documents form may be obtained by going to sos.tn.gov and entering SS-4461 in the search bar; by emailing the Secretary of State at TNSOS.CERT@tn.gov, or by calling (615) 741-6488. The Request for Copy of Documents form should be hand printed in dark blue or black ink or typed.

**Walk-In:** A blank Request for Copy of Documents form may be obtained in person at the Secretary of State’s Office at the address listed below.

If submitting by mail, send the completed request form and filing fee together in the same envelope. Mail to:

Tennessee Secretary of State
ATTN: Certifications
312 Rosa L. Parks Ave FL 6
Nashville, TN 37243

Completing the Request

1. **Tennessee Secretary of State Control Number:** A control number is assigned to each entity on record with the Tennessee Secretary of State Division of Business Services. To find entity information, including the Secretary of State control number, visit: https://tnbear.tn.gov/ECommerce/FilingSearch.aspx.

   The exact legal name of the business: Enter the exact legal name of the business entity as listed on the records of the Tennessee Secretary of State for which you are requesting copies. To find entity information, including the exact legal name, visit: https://tnbear.tn.gov/ECommerce/FilingSearch.aspx.

2. **Indicate the documents desired:** Check the appropriate box(es) to indicate the desired documents.

3. **If requesting more than one set of document copies:** Indicate the number of document sets requested. Each set is $20.00.
4. **The name and mailing address of the party to receive this order:** Enter the name and address of the person to whom we should mail the documents.

**Submitter name and phone number:** Enter the name and telephone number of the person submitting the request.

**Filing Fee**

The filing fee for a Request for Copy of Documents is $20.00 per set of copies requested.

Make check, cashier’s check or money order payable to the Tennessee Secretary of State. Cash is only accepted for walk-in filings. Requests submitted without the proper filing fee or made payable to an entity other than the Tennessee Secretary of State will be rejected.
REQUEST FOR COPY OF DOCUMENTS

Division of Business Services
Department of State
State of Tennessee
ATTN: Certifications
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102
(615) 741-6488
Filing Fee: $20 per set of documents

Please provide a certified copy of the following documents for the below listed corporation/limited liability company/limited partnership/limited liability partnership/general partnership:

1. Tennessee Secretary of State control number: ________________________________

   Exact legal name of the business as listed on the Tennessee Secretary of State records:
   ________________________________________
   ________________________________________

2. Please indicate the documents desired:

   □ All documents
   □ Charter/Articles of Organization/Certificate and amendments
   □ All annual reports on file
   □ Most recent annual report
   □ Specific documents: ___________________________________________________________________________
   □ Certificate of Fact regarding name change
   □ Certificate of Fact regarding merger
   □ Certificate of Fact regarding conversion

3. If requesting more than one set of document copies, indicate the number: ________________

4. The name and mailing address of the party to receive this order:

   Name: ______________________________________________________________________________________
   Address: ______________________________________________________________________________________
   _______________________________________________________________________________________________
   _______________________________________________________________________________________________
   City: ___________________________ ST: ______________ Zip: ______________

If the service of an overnight courier is to be utilized, a completed airbill (including the account number to which the charges for services should be made) must accompany this request.

Submitter Name: ___________________________ Phone#: (______) _______ - ________

All information on this form is public record.