



Brian P. Kemp
Secretary of State

OFFICE OF SECRETARY OF STATE
Corporations Division
Name Reservation Request
313 West Tower, #2 Martin Luther King Jr. Drive
Atlanta, Georgia 30334
404-656-2817

NAME RESERVATION REQUEST

Applicant Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Email Address: _____

Contact Number: _____

The nonrefundable filing fee is **\$25.00**. You may send a check, cashier's check or money order made payable to the Office of Secretary of State. You may also request a name online at www.georgiacorporations.org. Online filers can pay using a credit card (M/C, Visa, Discover or AMEX) or ACH. Once Approved, you will receive a name reservation number valid for 30 days. Within 30 days you may go online and incorporate using the name reservation. Name reservations cannot be renewed and expire after 30 days. However, you do have the option to reserve the name again for \$25.00 as long as the name is available.

If the requested name is not available a rejection notice will be sent via telephone, email or US mail (the \$25.00 charge still applies) and will include instructions on submitting another request without additional charge. Another choice may be submitted within 10 days without payment or another fee.

Please be advised that the on-line system only performs a preliminary search in our database. An in-house examiner will perform a detailed search and confirm whether or not your name is available. The \$25.00 fee is for performing the search. Your name is NOT confirmed and reserved until you receive official notification from this office.

Please indicate your choice(s) for a name: *(Enter the exact name of the organization. The name must contain the word 'Corporation', 'Incorporated', 'Company', 'Limited', 'Limited Liability Company', 'Limited Company', 'LTD., Liability Company', 'LLC', 'L.C.', 'Limited Partnership', 'L.P.', 'LTD. Partnership' or the abbreviation of one of these words.)*

- **1st Preference** _____
- **2nd Preference** _____
- **3rd Preference** _____

Please return this form, along with your payment to:
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