



Brian P. Kemp
Secretary of State

OFFICE OF SECRETARY OF STATE
CORPORATIONS DIVISION
2 Martin Luther King Jr. Dr. SE
Suite 313 West Tower
Atlanta, Georgia 30334
(404) 656-2817
sos.georgia.gov

NAME RESERVATION REQUEST

Applicant Name: _____

Street Address: _____

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

Email Address: _____

Phone Number: _____

The nonrefundable filing fee is **\$25.00**. The fee is for performing the search and will not be refunded if the name is not available. You may apply to reserve a name by completing this form and submitting it to our office with a check, cashier's check or money order made payable to the Georgia Secretary of State. You may also request a name reservation online at sos.georgia.gov. Online filers can pay using a credit card (M/C, Visa, Discover or AMEX). Once approved, you will receive a name reservation number valid for 30 days. **Within 30 days, you may file entity formation documents using the name reservation. Name reservations cannot be renewed and will expire after 30 days.** However, you may 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 notice will include instructions on submitting another request within 10 days of the notice without additional charge.

Please be advised that the online system only performs a preliminary search of our database. An in-house examiner will perform a detailed search and confirm whether or not your name is available. Your name is NOT confirmed and reserved until you receive official notification from this office.

No activity or investment under a name, such as advertising, purchase of a seal, entry into legal transactions, etc., should be conducted based on a name reservation. Such action should not be taken until the entity formation documents are filed and a certificate of incorporation, certificate of organization, certificate of limited partnership, or certificate of authority is issued by the Secretary of State.

Please indicate your choice(s) for a name: (Enter the exact name of the organization.)

- **1st preference:** _____
- **2nd preference:** _____
- **3rd preference:** _____

Please return this form, along with your payment to: Office of Secretary of State, Corporations Division, Name Reservation Request, 2 Martin Luther King Jr. Dr. SE, Suite 313 West Tower, Atlanta, Georgia 30334.