

## **Business Entities Submission Cover Sheet**

For fastest service, file online at <u>bizfileOnline.sos.ca.gov</u>.

## Instructions:

- Complete and include this form with your paper submission. This form will not be made part of the filed document.
- Make all checks or money orders payable to the Secretary of State.
- In-person submissions (excluding Statements of Information): \$15 special handling fee. Do not include a \$15 special handling fee when submitting documents by mail.
- All submissions are reviewed in the date order of receipt, with online submissions given priority. For updated processing time information, visit <u>www.sos.ca.gov/business/be/processing-dates</u>.
- To obtain a certified copy, include certification fees with your submission.

## Note: All correspondence related to your submission will be sent to the name and address on your check or money order.

## Contact Person (Please type or print legibly):

First Name:	Last Name:	
Phone Number:	Email:	
Entity Information (Please type or print legibly):		
Entity Name:		
Entity Number (if applicable):		
Comments:		

State of Califor Secretary of State		REG. NO		
REGISTRATION OF UNINCORPORATED NONPROFIT A PURSUANT TO CALIFORNIA CORPORATIONS CODE SEC				
Instructions:				
1. Include filing fee of \$10.00 per box checked below.				
2. Certification Fee (Optional) - \$5.00				
This space For Filing Use Only Association includes any lodge, order, beneficial association, fraternal or beneficial society, historical, military, or veterans organization, labor union, foundation, or federation, or any other society, organization, or association, or degree, branch, subordinate lodge, or auxiliary thereof.				
Registration For:				
Name Insignia	Altera	tion	Cancellation	
Association Name				
Street or Mailing Address	City and State		Zip Code	
Nature of Alteration (If Any):				
Description of Insignia, which may include badge, motto, button, decoration, charm, emblem, or rosette:				
Attach Facsimile:				
I declare under penalty of perjury under the laws of the State o authorized to act on behalf of the association with respect to o contained in this application is true and correct.				
Signature of Officer Date	Signature of Addit	ional Officer (Optional)	Date	
Typed Name and Title	Typed Name and	Title		
Sec/State Form LP/UNA 128 (REV 12/2024)		2024 Cali	fornia Secretary of State	