Reset Form

Form 534B Prescribed by the:
Ohio Secretary of State

Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)

www.sos.state.oh.us
Busserv@sos.state.oh.us

Expedite this form: (select one)
Mail form to **one** of the following:

PO Box 1390
Columbus, OH 43216 — Expedite

***** Requires an additional fee of $100 *****

PO Box 670
Columbus, OH 43216 — Non Expedite

NAME RESERVATION
Reservation Filing Fee $50
(160-NRO)

Please reserve the first name available (only one name may be reserved per form) in the order of preference listed below. I understand that I am not granted the reservation until I receive written confirmation from the Secretary of State's office stating that the name has been reserved for me.

The name reservation is valid for a period of 180 days from the date of filing.

WXYZ Services, LLC
First Choice

Second Choice

Third Choice

John Doe
Applicant Name

100 Main Street
Mailing Address

Columbus, OH 43201
City, State and Zip Code

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By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Must be authenticated **(signed)** by the applicant or by an authorized representative of the registrant

Signature _____ Date _____

John Doe

Print Name

Signature _____ Date _____

Print Name

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Instructions for Name Reservation

This form must be used to reserve a name on behalf of a proposed domestic corporation or limited liability company, or any existing domestic corporation or limited liability company intending to change its name.

Pursuant to Ohio Revised Code §1701.05(E), §1702.05 (E) and §1705.05 (E), a name reservation is valid for a period of 180 days beginning on the date of filing.

Name Being Reserved

Please provide the name you wish to reserve on the first line.

An applicant may choose to provide up to two additional names to be reserved in case the applicant's first choice is unavailable. All name reservations will be processed based on the first available name. (Example: If the first choice is unavailable but both the second and third are available for reservation, only the second name will be registered). Please list preferences accordingly.

Please see our "Name Availability Guide," available at www.sos.state.oh.us, for details on business name requirements and restrictions.

Applicant Information

Please provide the applicant's name and complete address on the form.

Signature(s)

After completing all information on the filing form, please make sure that the form is signed by the applicant or by an authorized representative of the applicant.

****Note: Our office cannot guarantee a name reservation until the filing form has been processed and accepted by our office. A written confirmation will be sent to confirm that the name has been reserved.**

****Note: Our office cannot file or record a document executed that contains a social security number or tax identification number. Please do not enter a social security number or tax identification number, in any format, on this form.**

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