



FLORIDA DEPARTMENT *of* STATE

Prepaid Sunbiz E-File Account Application

Account Name: _____

Email Address: _____

Mailing Address: _____

City: _____

State: _____ **Zip:** _____

Phone: _____ **Fax:** _____

Contact Person: _____

Signature: _____

Password: _____

(Letters and numbers only. Minimum length: 4 characters. Maximum length: 12 characters.)

The Division of Corporations will email an account number to you after the application is processed.

Mailing Address

Division of Corporations
Public Access Accounts
P.O. Box 6327
Tallahassee, FL 32314

**Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, Florida 32303
850.245.6939 • 850.245.6018 (Fax) • Sunbiz.org**

