



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