

**State of Maryland Department of Assessments and Taxation**  
**Affidavit Regarding Governing or Charter Documents**  
MD CODE, CORPORATIONS AND ASSOCIATIONS, § 1-201.1

I \_\_\_\_\_ hereby certify:

I am eighteen years of age or older, have personal knowledge and sufficient experience to testify to the matters stated herein and am competent to be a witness in a legal proceeding.

1. The following information concerns the document that is the subject of this affidavit:

- a. Entity's Name Under Which the Document was Recorded \_\_\_\_\_
- b. Entity's SDAT ID Number \_\_\_\_\_
- c. Title of Contested Document \_\_\_\_\_
- d. Filing Date of Contested Document \_\_\_\_\_

2. I am (check one):

A person described in MD CORP & ASSNS § 1-201.1(b)(1). I believe a governing or charter document either was not authorized by at least one individual whose name is included in the entity name or otherwise does not conform to state law. I believe the contested document violates MD CORP & ASSNS § 1-201.1(a) and should be voided.

A resident agent or other authorized person described in MD CORP & ASSNS § 1-201.1(b)(2)(v). I am responding to an affidavit alleging a governing or charter document was recorded in violation of the law. I believe the contested document does not violate MD CORP & ASSNS § 1-201.1(a) and should not be voided.

3. The factual basis for my belief indicated above is as follows:

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4. Documents are attached which support the factual basis for my belief.

4. I solemnly affirm under the penalties of perjury and upon personal knowledge that the contents of this document are true.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

- OR -

I solemnly affirm under the penalties of perjury the contents of this document are true to the best of my information, knowledge, and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Printed Name and Address of Person Signing Affidavit

\_\_\_\_\_  
\_\_\_\_\_

## **INSTRUCTIONS**

*This form is used to either challenge a filing that has been recorded by SDAT or to respond to allegations that a filing was recorded by SDAT in violation of the MD CORP & ASSNS § 1-201.1(a). This form is NOT used to challenge the existence of a business, the right of a business to operate in Maryland or to resolve private disputes such as alleged trademark infringements or contract breaches.*

**Complete the entire form:** If the form is incomplete, it will be returned to you and SDAT will take no action on your affidavit. You are strongly encouraged to consult with an attorney before completing this affidavit. SDAT staff cannot help you complete this form or provide legal advice.

**Certification:** Insert the name of the person completing the form. This statement must be true about the person completing the form.

**Item 1:** (a) Insert the name of the entity for which the contested document was filed or recorded. (b) Insert the SDAT Department ID Number for the business. (c) Insert the title or name of the contested document. (d) Insert the date the contested document was filed or recorded with SDAT.

**Item 2:** If you are using this form to challenge a document recorded with SDAT because you believe it was recorded in violation of the law, check the first box. If you are using this form to respond to an allegation that a filing was recorded in violation of the law, check the second box.

**Item 3:** State the factual basis for your belief that the contested document was either recorded in violation of the law or that the contested document was not recorded in violation of the law. You may attach additional paper, if needed. SDAT will not consider statements that are not part of this affidavit in deciding whether to void a filing. Any statement you want SDAT to consider in their decision must be included here. You must have firsthand knowledge of the statements made in this affidavit.

**Item 4:** If you are attaching supporting documents, check this box. Briefly describe each attachment. You may attach additional sheets of paper to describe your supporting documentation, if necessary. Do not use this section to continue your statement from paragraph 3.

**Item 5:** Select, sign, and date one of the options to complete the affidavit.

**Item 6:** Provide the full name and full address of the person completing and signing the affidavit.

**Choose one option to submit your affidavit:**

*Mail your completed and signed affidavit to:*

State Department of Assessments and Taxation

Charter Legal, Affidavit Re: Governing/Charter Document 700 E. Pratt St., 2nd Fl., Ste 2700  
Baltimore, MD 21202

*Email your completed and signed affidavit to:*

[sdat.prohibitedfilings@maryland.gov](mailto:sdat.prohibitedfilings@maryland.gov) with "Affidavit Re: Governing/Charter Document" in the subject line.