

SERVICO
P.O. Box 871
ALBANY, NEW YORK 12201
518.463.4179 / 518.463.3752 : FAX

WORKSHEET FOR PREP/FILING OF NY APPLICATION FOR AUTHORITY LLC

NAME OF THE LLC: _____

JURISDICTION OF FORMATION: _____

DATE OF ORGANIZATION: _____

PRINCIPAL MAILING ADDRESS WHEREVER LOCATED:

ADDRESS IN HOME STATE (REQUIRED REGISTERED OFFICE ADDRESS):

COUNTY IN NY WHERE THE OFFICE WILL BE LOCATED: _____

SERVICE OF PROCESS ADDRESS (Can be any valid mailing address in the U.S.)

NAME OF PERSON AUTHORIZING THE FILING (Member, Manager or Authorized Person)

FEES:

OBTAIN GOOD STANDING FROM HOME STATE	\$ 125.00(subtract if you have)
PREPARE AND FILE	\$ 95.00
DISBURSEMENT TO DEPT. OF STATE (Filing)	\$ 275.00
ADMINISTRATIVE HANDLING	\$ 5.00
TOTAL	\$ 500.00

**(PUBLICATION IS REQUIRED AFTER FILING. PLEASE CONTACT OUR PUBLICATION DEPT.
FOR APPLICABLE FEES)**

Your Name: _____

Your Firm: _____

Billing/Mailing Address: _____

Your Phone #: _____ Your Fax #: _____

Let This Letter Serve as My Authorization to Charge My Amex/MC/Visa (Initial Here) _____

Card # _____ Expires _____ IN THE AMOUNT OF ** _____

Print Name and address of Card Holder: _____

Signature of Card Holder: _____

** Please note: This fee is an estimate only. It is possible to incur additional disbursements in order to complete this order. If so the additional fees will be charged to this credit card.