

SERVICO, INC.
283 WASHINGTON AVE.
ALBANY, NY 12206
PHONE 518-463-4179
FAX#: 518-463-3752

LIMITED PARTNERSHIP ADOPTION:

1. Name of Limited Partnership: _____

The name of the Limited Partnership in the original Certificate of Limited Partnership, if different from name stated above: _____

2. Date of filing with the County Clerk: _____

3. The county the Limited Partnership is filed in: _____

4. Servico of Process Address: _____

5. Name and address of ALL GENERAL PARTNERS: _____

8. WOULD YOU LIKE SERVICO TO PUBLISH? YES _____ NO _____

9. FEES: (time: 7-10 bd) or **Rush, 2-3 bd**

| | |
|--|--------------|
| Servico, Prepare & File | 95.00 |
| Servico, Administrative Handling | 5.00 |
| NYS Dept of State filing fee (routine) | 200.00 |
| If Rush add | 25.00 |
| TOTAL | \$325.00 |

Publishing costs and fees:(Vary by County) Call for quote

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 Complete Billing Address on Credit Card: _____

Signature of Card Holder: _____