

SERVICO, INC.
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WORKSHEET FOR PREPARATION AND FILING OF NY LIMITED PARTNERSHIP

NAME OF LIMITED PARTNERSHIP (in order of preference)

NAME AND ADDRESSES OF EACH GENERAL PARTNER:

LOCATION OF PRINCIPAL OFFICE: County of _____

SERVICE OF PROCESS ADDRESS:(Address may be outside of New York)

SPECIFIC DATE OF DISSOLUTION: _____

(Can be any date, example: December 31, 2095)

WOULD YOU LIKE SERVICO TO PUBLISH? YES _____ PLS. QUOTE _____ NO _____

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

Servico, Prepare & File	75.00
Servico, Administrative Handling	5.00
NYS Dept of State filing fee (routine)	200.00
If Rush add	25.00
TOTAL	\$305.00
Publishing fees:	
Publishing costs and fees:(Vary by County - Please call us 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 of Card Holder: _____

Print Complete Billing Address on Credit Card: _____

** 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.

Signature of Card Holder: _____