

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

**APPLICATION FOR AUTHORITY - NOT-FOR-PROFIT CORPORATION**  
**(You must supply a copy of the Certificate of Incorporation, AND Good Standing Certificate from the home state)**

The name of the corporation as it appears in its home jurisdiction:

\_\_\_\_\_

\_\_\_\_\_

The home jurisdiction: \_\_\_\_\_

Type [(A) (B) (C) or (D)] it would be considered under Section 201NPCL: \_\_\_\_\_

The purpose(s) of the corporation (these purposes must be the purposes in its home jurisdiction):  
**(Use additional sheet if necessary)**

\_\_\_\_\_

\_\_\_\_\_

County in which the principal office is located: \_\_\_\_\_

Service of Process address (can be any valid mailing address in the U.S.)

\_\_\_\_\_

\_\_\_\_\_

7) Officer's name and title authorizing the filing

\_\_\_\_\_

\_\_\_\_\_

Service fee to prepare/file:	\$ 95.00
A.H. Fee:	\$ 5.00
NY Department of State:	\$160.00 (this includes the \$25.00 expedite fee)
TOTAL:	\$260.00*

\*If consents are required additional fees and disbursements apply: (Education Consent \$85.00)

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: \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_