

SERVICO INC.
283 Washington Ave.
Albany, NY 12206
PH: 518-463-4179 FAX: 518-463-3752

Worksheet for Preparation/Filing of New York - PLLC - Certified Public Accountancy

Name of Professional Limited Liability Company (In Order of Preference- Must end with PLLC or LLC):

Profession to be Practiced: Certified Public Accountancy

Name, License Number & Residence Address of each Professional (Residence Address is required by the Education Dept., Div. of Professional Licensing):

County in New York where the principal office is located:

Service of Process Address

Limited Liability Company Will be Managed By One or More (Choose One; if Not Chosen, We Will Use Members)

(a) Members	(b) Managers
Would You Like us to Publish on Your Behalf (thereby meeting the statutory requirement)? If left blank, we will NOT publish.	
Yes	No

Duration: Perpetual _____ OTHER _____

FEES:

PREPARE AND FILE	\$ 95.00
OBTAIN CONSENT FROM DEPT. OF EDUCATION	75.00
OBTAIN CERTIFIED COPY TO REFILE W/EDUCATION	15.00**
DISBURSEMENT TO DEPT. OF STATE (Filing)	\$ 235.00
LLC OUTFIT	\$ 85.00 **
SHIPPING (UPS Ground)	\$ 8.50 **
ADMINISTRATIVE HANDLING	\$ 5.00
SALES TAX** (calculate your local tax on the c/copy, LLC kit and shipping charges)	
TOTAL:	add all of the above costs, and your calculated sales tax

PLUS: PUBLISHING COST VARIES BY COUNTY- PLEASE CONTACT OUR PUBLICATION DEPARTMENT FOR A QUOTE ON FEES.

*There is an additional fee payable to the NYS Dept. of Education, State Board for Public Accountancy - this fee is based on the information provided by the Accountant. The State Board for Public Accountancy also requires the 6R-PC form to be completed by the professional - *the additional fee is calculated on this form, we will provide the form, which we will file after the Certificate of Incorporation is filed by the NY Dept. of State, and the certified copy of the filing is received by our office.

PAGE 2 - PLLC CERTIFIED PUBLIC ACCOUNTANCY

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: _____

** 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.