

**SERVICO INC.**  
P.O. Box 871  
Albany, NY 12201  
PH: 518-463-4179 FAX: 518-463-3752

## Worksheet for Preparation/Filing of New York PLLC (Other than Law)

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

Profession to be Practiced

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

County in NY 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 \_\_\_\_\_

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 EDUCATION	10.00 PER PROFESSIONAL**
DISBURSEMENT TO DEPT. OF STATE (Filing)	\$ 210.00 Routine 235.00 Rush
CORPORATE OUTFIT	\$ 85.00 **
SHIPPING (UPS Ground)	\$ 8.50 **
ADMINISTRATIVE HANDLING	\$ 5.00
<b>TOTAL</b>	<b>\$513.13Routine/\$538.13 Rush</b>

\*\*based on 8.875% sales tax

\*PLUS: PUBLISHING COSTS (varies by county) + \$ Please call for quote

\*add another \$10 for each professional (only 1 is calculated in the above fee)

PLEASE NOTE: The Articles will be sent to you for signatures of the professionals before submitting the Education for consent. The Consent process takes 2-4 weeks. After consent received the LLC is filed with the Secretary of State in 24-48 hrs.)

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.