

Worksheet for Preparation/Filing of NY PLLC

Date: _____

1. **Name of Entity:** (In order of preference and including corporate indicator, PLLC or LLC)

1. _____
2. _____

2. **Profession to be practiced** (Purpose): _____

3. **Managed By:** Member ____ Manager ____

4. **Name, License Number, Address for each Professional:** (attached an additional sheet if necessary)

Name _____ License Number: _____

Address _____

Name _____ License Number: _____

Address _____

5. **Service of Process Address:** (this may be a PO box or street address, but NOT both)

6. **Principal Business Address:** _____

County _____

7. **Duration:** Perpetual _____ Other _____

8. **Would you like us to obtain an EIN#?** (\$55): Yes _____

9. **Would you like to add a Registered Agent?** (optional): Use CSB (annual service fee applies) * _____

(or) Name and Address _____

10. **Publish this entity:** Send quote _____ or Payment included _____

| | |
|--|-----------------------------|
| Prepare and File: | \$ 125.00 |
| Obtain Education Consent: | \$ 125.00 |
| Obtaining Certified Copy | \$ 15.00 |
| Disbursement to Dept. of State (filing) | \$ 235.00 |
| Dept. of Education fee: | \$ 10.00 (per professional) |
| Corporate Outfit | \$ 95.00 (*Optional) |
| Shipping (UPS Ground) | \$ 11.50 |
| Administrative Handling | \$ 5.00 |
| Sales Tax (Based on 8.875% - yours may differ) | \$ 9.45 |
| Total: | \$ 630.95* |

Once we receive the completed worksheet we will prepare the certificate and fax/email back to you for the signature of the professional. When we receive the signed certificate, we will then obtain the consent of the NYS Dept. of Education, Div. of Professional Licensing. This process takes from 15-17 weeks. After consent if received, the LLC is filed with the SOS in 24-48 hours.

Contact Name: _____ **Email:** _____

Firm / Business Name: _____

Phone #: _____ **Fax #:** _____

Billing/Mailing Address: _____

Address for delivery of Corporate Documents:

Let this letter serve as my authorization to charge Amex/MC/Visa (Initial Here) _____

Card #: _____ Expires: _____

IN THE AMOUNT OF: _____

Print Name of Card Holder: _____

Signature of Card Holder: _____