USA Corporate Services Inc.

NEW YORK LLC ORDER FORM



19W 34th Street, Suite 1018, New York, NY 10001
Phone: 800-891-7432 or 212-239-5050 Fax: 212-239-5317 E-Mail: info@usa-corporate.com

Billing Address: (must match credit card)	Ship to: (fill in if different from "Billing Address") Name:			
Contact:				
Firm:	Address:			
Address:	City:	State:	_Zip:	
City:State:Zip:				
Phone:Fax:				
E-mail:				
Proposed company names, in order of preference:	The Limited Liability Company is to be managed by: One or more Members □			
1				
2	Name:			
3		Address:		
County within New York State where the office is to be	One or more Managers			
	Name:			
located:	Address:			
Service of process address "mailing address" of the new company:	Purpose of the Limited Liability Company: ☐ Standard, General purpose: ☐ Other specific purpose to be included:			
Please be advised that there is a publication requirement and fee associated with all LLC filings. LLCs are required to publish notice of formation in two newspapers, within the county of formation, for six consecutive weeks. Please call for details.				
		Item	Fees	
Method of Payment (check one):		NY LLC Package	\$674.00	
☐ Check or Money Order Enclosed		Prepare & File		
☐ Please Charge the following credit card		Operating Agreement Certificate of Incumbency		
□ Visa □ MasterCard □ American Express		Membership Certificates		
Credit Card Number Expiration Card Verification Number:	- Tax ID			
	Date	Additional Services (please	itional Services (please check)	
		Company Seal + Shipping	\$44.00	
Drint and Sign the name of the authorized and the 13-		Publication (fee varies per county)	\$	
Print and Sign the name of the authorized cardholder *NYS Residents must pay sales tax on company outfit and shipping.		Sales Tax*		
** Please only select one operating agreement - 2 page or 10 page.		Total Due		