USA Corporate Services Inc.

NY Total LLC Standard Order Form

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Simplifying Incorporations Worldwide.

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19 W. 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")		
Contact:	Name:		
Firm:	Address:		
Address:	City:	State:	Zip:
City: State:Zip:	Phone:		
Phone: Fax:			
E-mail:			
Proposed company names, in order of preference: 1	The Limited Liability Company is to be managed by one or more 🔲 Members 🗌 Managers		
2	Member / Manager 1		
	First Name:	Last Name:	
3	Address:		
County within New York State where the office is to be located:	City: S	tate: Zij	p:
	Capital Contribution: \$		
Service of process address (mailing address) of the new company:	Member / Manager 2		
	First Name: Last Name:		
	Address:		
	City: S		
Purpose of the Limited Liability Company:	Capital Contribution: \$		
Standard, General purpose.	Member / Manager 3		
Other specific purpose to be included:	First Name: Last Name:		
	Address:		
		tate: Zi	
Capital Contribution: \$			
		ltem	Fees
Method of Payment (check one):	NY LLC Tota	al Package - Standard	\$1315.00
Check or Money Order Enclosed Please Charge the following credit card		pare & File + 24-Hour Exp	edite Fee
□ Visa □ MasterCard □ American Express		Certificate of Incumbency	
	Operating Agreement		
Credit Card Number Expiration		Publication Fees (Albany C	County)
ТТ ⁻		Membership Certificates	
Card Verification Number:		Registered Agent	
		Change County/Address Package	
		Tax ID	
Print and Sign the name of the authorized cardholder	Fe	dEx Standard Overnight	Shipping