



LLC Publishing
corp.
Formation and Publishing Services

CORPORATION

Name of Corporation: _____

Alternate Name: _____

County: _____ Address of Process: _____

City: _____ State: _____ Zip: _____

Filing Receipt mailed to: _____ Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Telephone: _____

Please select which level of service you want:

- | | |
|--|----------|
| <input type="checkbox"/> Standard Filing | \$195.00 |
| <input type="checkbox"/> 24 Hours | \$260.00 |
| <input type="checkbox"/> Same Day* | \$310.00 |
| <input type="checkbox"/> 2 Hours* | \$395.00 |
| <input type="checkbox"/> Corporate Kit | \$55.00 |
| <input type="checkbox"/> Certified Copies - Standard | \$35.00 |
| <input type="checkbox"/> Registered Agent | \$89.00 |

*Must be received by 11:30 am.

Please complete this form and fax it to 718-504-7890.
If you have any questions please call 718-569-2703.

2071 Flatbush Avenue Suite 189
Brooklyn, NY 11234
Tel: 718-569-2703
Fax: 718-504-7890
contact@llcpublishing.com



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Credit Card Authorization

Print Name _____
(That appears on credit card)

Entity Name _____

Credit card billing address _____

City _____ State _____ Zip _____

Tel: _____ Email: _____

Amex _____ Visa _____ MC _____ Discover _____

Account # _____

Exp Date ____ / ____ / ____ Security Code ____

Amount: \$

I _____ (print name as it appears on card) authorize

LLC Publishing Corp. to charge my above named credit card for the amount listed above.

Signature _____ Date _____

Please complete this form and fax it to 718-504-7890.
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