

NYS REQUEST FOR CERTIFICATE OF GOOD STANDING

DATE: _____

1. Name of Entity: _____
2. Home State of Entity: _____

3. (Optional) Name and Address of Registered Agent: _____

Use RCSG (annual fee applies): _____

Contact Name: _____ Email: _____

Business Name: _____

Phone Number: _____ Fax Number: _____

Billing Address: _____

Address for Delivery of Legal Documents:

COST OF SERVICE

Preparation and Submission: \$ 105.00

NYS Filing Fees: \$ 25.00

Administrative Fees: \$ 10.00

TOTAL: \$ 140.00

CREDIT CARD PAYMENT

Card No: _____ Exp: _____ Code: _____

Amount: \$ _____ Cardholder Name: _____

Cardholder Signature: X _____

Please note: The fee above is an estimate only. It is possible to incur additional disbursements to complete this order. If there are additional fees, they will be applied to this credit card.

