NYS Department of State
Division of Corporations, State Records and Uniform Commercial Code
One Commerce Plaza, 99 Washington Ave,
Albany, NY 12231-0001
www.dos.ny.gov

Certificate of Assumed Name
Pursuant to General Business Law§130

1. REAL NAME OF ENTITY:

1a. FICTITIOUS NAME, IF ANY, OF FOREIGN ENTITY (<u>Not</u> Assumed Name):

2. FORMED OR AUTHORIZED UNDER THE FOLLOWING NEW YORK LAW (Check one):

☐ Business Corporation Law   ☐ Limited Liability Company Law   ☐ Religious Corporations Law

☐ Education Law   ☐ Not-for-Profit Corporation Law   ☐ Revised Limited Partnership Act

☐ Other (specify law):

3. ASSUMED NAME:

4. PRINCIPAL PLACE OF BUSINESS IN NEW YORK STATE (MUST INCLUDE NUMBER AND STREET). IF NONE, CHECK THIS BOX ☐ AND PROVIDE OUT-OF-STATE ADDRESS:

5. COUNTY(IES) IN WHICH ENTITY DOES OR INTENDS TO DO BUSINESS: ☐ ALL COUNTIES (or check applicable county(ies) below)

☐ Albany	☐ Cattaraugus	☐ Chenango	☐ Delaware	☐ Franklin	☐ Hamilton	☐ Lewis	☐ Montgomery
☐ Allegany	☐ Cayuga	☐ Clinton	☐ Dutchess	☐ Fulton	☐ Herkimer	☐ Livingston	☐ Nassau
☐ Bronx	☐ Chautauqua	☐ Columbia	☐ Erie	☐ Greene	☐ Jefferson	☐ Madison	☐ New York
☐ Broome	☐ Chemung	☐ Cortland	☐ Essex	☐ Genesee	☐ Kings	☐ Monroe	☐ Niagara
☐ Oneida	☐ Orleans	☐ Queens	☐ St. Lawrence	☐ Schuyler	☐ Steuben	☐ Warren	☐ Wyoming
☐ Onondaga	☐ Oswego	☐ Rensselaer	☐ Saratoga	☐ Seneca	☐ Suffolk	☐ Washington	☐ Yates
☐ Ontario	☐ Otsego	☐ Richmond	☐ Schenectady	☐ Tompkins	☐ Sullivan	☐ Wayne	
☐ Orange	☐ Putnam	☐ Rockland	☐ Schoharie	☐ Ulster	☐ Tioga	☐ Westchester	

6. ADDRESS OF EACH LOCATION, INCLUDING NUMBER AND STREET, IF ANY, OF EACH PLACE WHERE THE ENTITY CARRIES ON, CONDUCTS OR TRANSACTS BUSINESS IN NEW YORK STATE. Use page 2 if needed. The address(es) must be a number and street, city state and zip code. The address(es) reflected in paragraph 6 must be within the county(ies) indicated in paragraph 5. If none, check the box: ☐ **No New York State Business Location**

Name of Signer: _____   Signature: _____

Capacity of Signer (Check one):   ☐ Officer of the Corporation   ☐ General Partner of the Limited Partnership

☐ Member of the Limited Liability Company   ☐ Manager of the Limited Liability Company

☐ Authorized Person

Filer: Name: _____

Mailing Address: _____

City, State and Zip Code: _____

NOTE: This form was prepared by the New York State Department of State. You are not required to use this form. All documents should be prepared under the guidance of an attorney. The certificate must be submitted with a $25 fee. For corporations, the Department of State also collects the following, additional, county clerk fees for each county in which a **corporation** does or intends to do business as indicated in paragraph 5: $100 for each county within New York City (Bronx, Kings, New York, Queens and Richmond) and $25 for each county outside New York City. All checks over $500 must be certified.