



# Empire State

LEGAL PUBLISHING LLC

5319 FORT HAMILTON PARKWAY, BROOKLYN, NY 11219

**718-747-8443**

# Request To Form

*The one-time cost of the Fasts! Formation Package is \$599 and no other costs will apply!*

**Dear Empire State Group Team:** This is a request to complete all of the Fasts! Formation Package:  
**1. Form my LLC; 2. Acquire my Employer Identification Number; 3. Customize my Bank Operating Agreement (one member); 4. provide a Certificate of Status (a/k/a Certificate of Good Standing)**

LLC's Name — 1st Choice: \_\_\_\_\_ Choose a County: \_\_\_\_\_

Other LLC Name Choices: \_\_\_\_\_

My choice of Registered Agent service: ☐ 1 year at \$199; ☐ 2 years at \$399; ☐ 3 years at \$499.  
*(receive notice of urgent documentation; keep your anonymity; help avoid identity theft; preclude junk-mail inundation)*

My Name: \_\_\_\_\_

My Company: \_\_\_\_\_

My Company Address: \_\_\_\_\_ City, State & Zip Code: \_\_\_\_\_

My Phone: \_\_\_\_\_ My E-Mail: \_\_\_\_\_

**TOTAL COST = \_\_\_\_\_ SIGNATURE REQUIRED: X** \_\_\_\_\_

I am paying via **ZELLE**. The e-mail address for payment is **publish@empirestatelegal.com**

Please charge this purchase to my credit/debit card, either VISA, AMEX or DISCOVER:

Cardholder Name: \_\_\_\_\_ Company: \_\_\_\_\_

Cardholder Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_ CVV: \_\_\_\_\_

**Payment Authorizing Signature: X** \_\_\_\_\_

*If paying by credit/debit card, the above is my credit/debit card and with my signature I authorize payment for the above request.*