

GERALD WEINBERG, P.C.

Telephone: 800-342-9856

Fax: 800-354-3381

NEW YORK LIMITED LIABILITY PARTNERSHIP
CERTIFICATE OF REGISTRATION

Filer Name: _____

Address: _____

Telephone: _____

Fax: _____

1. Name of LLP: _____

2. Address of the principal office of the partnership:

3. Profession: _____

4. Address for Service of Process:

5. The effective date of the Certificate of Registration is:

_____ Effective on Filing
_____ Future effective date within 60 days is _____

6. Name of Partner: _____

Enclose a check in the amount of \$360 or provide credit card information below:

Name appearing on card: _____

Credit Card Number: _____

Expiration Date: _____