



SECRETARY OF THE STATE OF CONNECTICUT

MAILING ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, P.O. BOX 150470, HARTFORD, CT 06115-0470
 DELIVERY ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, 30 TRINITY STREET, HARTFORD, CT 06106
 PHONE: 860-509-6003 WEBSITE: www.concord-sots.ct.gov

APPLICATION FOR RESERVATION OF NAME

FOR DOMESTIC OR FOREIGN STOCK & NONSTOCK CORP, LLC, LP, LLP & STATUTORY TRUST

C.G.S. §§ 33-655; 33-656; 33-925; 33-1045; 33-1046; 33-1215; 34-13; 34-13a; 34-38; 34-243k; 34-243l; 34-406; 34-407; 34-506; 34-535

USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 8^{1/2} X 11 SHEET(S) IF NECESSARY.

FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS): NAME: MAILING ADDRESS: CITY: STATE: _____ ZIP: _____		FILING FEE: \$60 MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"
THE UNDERSIGNED HEREBY APPLIES FOR RESERVATION OF THE FOLLOWING NAME: 1. NAME TO BE RESERVED - REQUIRED: (MUST INCLUDE APPROPRIATE BUSINESS DESIGNATION I.E., L.L.C., INC, ETC.)		
2. NAME OF APPLICANT - REQUIRED:		
3. ADDRESS OF APPLICANT: (COMPLETE ADDRESS REQUIRED. STREET NAME, CITY, STATE & ZIP CODE.) STREET: CITY: STATE: _____ ZIP: _____		
4. EXECUTION - REQUIRED: (SUBJECT TO PENALTY OF FALSE STATEMENT) DATE (MM/DD/YYYY) _____		
NAME OF APPLICANT (print/type)	CAPACITY/TITLE OF APPLICANT (print name and title if applicable)	SIGNATURE
THE RESERVATION WILL BE EFFECTIVE FOR A PERIOD OF 120 DAYS FROM FILE DATE. FILE DATE IS DAY ONE. AT THE END OF THE 120TH DAY, THE NAME RESERVATION EXPIRES.		

APPLICATION FOR RESERVATION OF NAME

For Domestic or Foreign Stock & Non-Stock Corp, LLC, LP, LLP & Statutory Trust

C.G.S. §§ 33-655; 33-656; 33-925; 33-1045; 33-1046; 33-1215; 34-13; 34-13a;34-38i;34-243k; 34-243l; 34-406; 34-407; 34-506; 34-535

FILING FEE: \$60.00

Make checks payable to "Secretary of the State"

INSTRUCTIONS

1. **NAME:** Please provide the name which you intend to reserve. You may reserve for exclusive use the name of one of the following types of business organizations or entities: A corporation (stock & non-stock), limited liability company, limited partnership, limited liability partnership or statutory trust. The name which you reserve must contain the appropriate statutory designation which denotes the type of entity or organization for which the name is intended to be used. Choose a statutory designation from the selection below according to organization type and include it within the name as it appears in block 1 on the form.

CORPORATE DESIGNATIONS

The name of a corporation must contain one of the following designations: corporation, incorporated, company, Società per Azioni, limited or the abbreviations corp., inc., co., S.p.A. or ltd.

LIMITED LIABILITY COMPANY DESIGNATIONS

The name of a limited liability company must contain one of the following designations: Limited Liability Company, L.L.C., LLC, Limited Liability Co., Ltd. Liability Company or Ltd. Liability Co., P.L.L.C., PLLC, Professional Limited Liability Company, Professional Ltd. Liability Co.

LIMITED PARTNERSHIP DESIGNATIONS

The name of a Limited Partnership must contain, without abbreviation; the words limited partnership.

LIMITED LIABILITY PARTNERSHIP DESIGNATIONS

The name of a limited liability partnership must contain one of the following designations: Registered Limited Liability Partnership, Limited Liability Partnership, L.L.P., or LLP as its last words or letters.

STATUTORY TRUST DESIGNATION

The name of a statutory trust must contain one of the following designations: Statutory Trust, Limited Liability Trust, Limited, LLT, L.L.T., or Ltd.

2. **NAME OF APPLICANT:** Please print or type the name of the applicant.

3. **ADDRESS OF APPLICANT:** Please provide the street address of the applicant including street number, street name, city, state and postal code.

4. **EXECUTION:** Please print or type the complete legal name of the signatory, title (if signing on behalf of an entity) and signature. Note that the execution constitutes a statement made under the penalties of false statement that the information provided in the document is true.

OFFICE OF THE SECRETARY OF THE STATE

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