Department of State
Corporations, State Records & UCC

New York State
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

INITIAL BENEFICIAL OWNERSHIP DISCLOSURE OF

_____

(Insert Name of Foreign Limited Liability Company)

Under Section 1107(a) of the Limited Liability Company Law

FIRST: The name of the foreign limited liability company as it appears on the index of names in the Department of State is:

_____

If applicable, the fictitious name the foreign limited liability company has agreed to use in this state is:

_____

SECOND: The jurisdiction of organization of the foreign limited liability company is:

_____

THIRD: The date on which its application for authority was filed with the Department of State is:

_____

_ FOURTH: The Applicant(s) of the foreign limited liability company is/are as follows:

Full Legal Name:

_____

Current home or business address line 1:

_____

Current home or business address line 2:

_____

City: **State:** **ZIP:**

_____ _____ _____

Country:

_____

Date of Birth:

_____

ID Document Type:

_____

ID Jurisdiction:

_____

ID Number:

_____

ID Expiration Date:

_____

FIFTH: The Beneficial Owner(s) of the limited liability company is/are as follows:

Full Legal Name:

Current home or business address line 1:

Current home or business address line 2:

City: **State:** **ZIP:**

Country:

Date of Birth:

ID Document Type:

ID Jurisdiction:

ID Number:

ID Expiration Date:

Start date as owner: **End date as owner:**

Full Legal Name:

Current home or business address line 1:

Current home or business address line 2:

City: **State:** **ZIP:**

Country:

Date of Birth:

ID Document Type:

ID Jurisdiction:

ID Number:

ID Expiration Date:

Start date as owner: **End date as owner:**

Full Legal Name:

Current home or business address line 1:

Current home or business address line 2:

City: **State:** **ZIP:**

Country:

Date of Birth:

ID Document Type:

ID Jurisdiction:

ID Number:

ID Expiration Date:

Start date as owner: **End date as owner:**

Full Legal Name:

Current home or business address line 1:

Current home or business address line 2:

City: **State:** **ZIP:**

Country:

Date of Birth:

ID Document Type:

ID Jurisdiction:

ID Number:

ID Expiration Date:

Start date as owner: **End date as owner:**

Certification:

I, _____ , certify under penalty of perjury as follows:

I. I am authorized to submit and sign this statement on behalf of managers, members and principals;

II. I have reviewed all statements and submissions made in this statement;

III. The information and statements provided in this statement are, to the best of my knowledge, true, correct, and complete information in accordance with the Laws of the State of New York.

I attest this ____ day of _____, under, inter alia, the penalty of perjury under the laws of New York, which may include a fine or imprisonment, that the foregoing is true. NY LLCL §§1107 (a), 1108; NY Penal Law Article 210.

Signature: _____

Type or Print Name: _____

Capacity of signer (Check appropriate box:

- ☐ **Member**
- ☐ **Manager**
- ☐ **Authorized Person**

INITIAL BENEFICIAL OWNERSHIP DISCLOSURE
OF

_____

(*Insert Name of Foreign Limited Liability Company)*

Under Section 1107(a) of the Limited Liability Company Law

The Department of State Identification Number (DOS ID) assigned to the Limited Liability is:

(DOS ID Number) _____

Filed by: _____
(Name)

_____
(Mailing address line 1)

_____
(Mailing address line 2)

_____
_ *(City, State and Zip Code)*

NOTES:

1. The name of the foreign limited liability company and the date of filing of the application for authority must exactly match the records of the Department of State. This information should be verified on the Department of State's website at www.dos.ny.gov.
2. The Department of State recommends that legal documents be prepared under the guidance of an attorney.
3. The certificate must be submitted with a $25 filing fee made payable to the Department of State.