Secretary of the State of Connecticut

PHONE: 860-509-6003 • **EMAIL:** crd@ct.gov • **WEB:** www.concord-sots.ct.gov

OFFICE USE ONLY
(label)

APPLICATION FOR RESERVATION OF NAME

DOMESTIC AND FOREIGN – ALL ENTITIES

(STOCK CORPS, NONSTOCK CORPS, LLCs, LPs, LLPs AND STATUTORY TRUSTS)

•Use ink. •Print or type.
•Attach additional 8 1/2 x 11 sheets if necessary

FILING PARTY *(confirmation will be sent to this address)***:**

NAME:

ADDRESS:

CITY:

STATE: ZIP —

EMAIL:

FILING FEE: $60.00

Make checks payable to "Secretary of the State"

1. NAME TO BE RESERVED *(required)*.

The undersigned hereby applies for reservation of the following name: (*Name to be reserved must include an appropriate business designation (e.g., INC., LLC, LP, etc.) :*

2. FULL LEGAL NAME OF THE APPLICANT *(required):*

3. ADDRESS OF APPLICANT *(required)* *(must include street number, street name, city, town, state and zip code)*

ADDRESS:

CITY:

STATE: ZIP: —

4. EXECUTION / SIGNATURE *(required) (subject to penalties of false statement)* *(complete items A, B (if applicable), C and D):*

A. NAME OF APPLICANT (*hand print or type*): _____

B. CAPACITY/TITLE OF SIGNATORY: _____
(if signing on behalf of a business/entity)

C. APPLICANT'S SIGNATURE: ▶ _____

D. DATE SIGNED (*mm/dd/yyyy*): ____ / ____ / _____

5. EFFECTIVE DATE AND TERM. The reservation will be effective for a period of 120 days from the date of filing with the Secretary of the State. The date of filing is day 1 of the 120 days.

REV. 8/2020

APPLICATION FOR RESERVATION OF NAME
DOMESTIC AND FOREIGN —ALL ENTITY TYPES

INSTRUCTIONS

Numbers below refer to section numbers on the form.

1. **NAME TO BE RESERVED.**

   a. Provide the name you intend to reserve. You may reserve the name for exclusive use for any one of the following types of business organizations or entities: A corporation (stock or non-stock), a limited liability company, a limited partnership, a limited liability partnership or a statutory trust. The name that you reserve must contain the appropriate business designation which denotes the type of entity or organization for which you intend to use the name.
   b. Choose a business designation from the list below according to organization type and include it within the name as it appears in section 1 on the form.
      i. CORPORATE DESIGNATIONS. The name of a corporation must contain one of the following designations: corporation, incorporated, company, Societa per Azioni, limited; or one of the following abbreviations: corp., inc., co., S.p.A., or ltd.
      ii. 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.
      iii. LIMITED PARTNERSHIP DESIGNATIONS. The name of a limited partnership must contain, *without abbreviation*, the words "limited partnership."
      iv. LIMITED LIABILITY PARTNERSHIP DESIGNATIONS. The name of a limited liability partnership must end with one of the following designations: Limited Liability Partnership, L.L.P., or LLP.
      v. STATUTORY TRUST DESIGNATIONS. 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:** Print or type the full legal name of the applicant.

3. **ADDRESS OF APPLICANT**: Provide the applicant's street address including street number, street name, city, state and postal code.

4. **EXECUTION / SIGNATURE**:

   A. Print or type the complete legal name of the signatory,
   B. The signatory's title/capacity (if signing on behalf of an entity)
   C. The signatory's signature.
   D. The date the or she signed the document.

NOTE that the execution constitutes a statement made under the penalties of false statement that the information provided in the document is true.

5. **EFFECTIVE DATE AND TERM**. Pre-filled information. Do not add anything to this section of the form.

OFFICE CONTACT INFORMATION

MAILING ADDRESS: BUSINESS SERVICES DIVISION
CONNECTICUT SECRETARY OF THE STATE
P.O. BOX 150470
HARTFORD CT 06115-0470

DELIVERY ADDRESS: BUSINESS SERVICES DIVISION
CONNECTICUT SECRETARY OF THE STATE
165 CAPITOL AVENUE, SUITE 1000
HARTFORD, CT 06106

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