

Filing Fee \$20.00

LIMITED LIABILITY COMPANY

STATE OF MAINE

**APPLICATION FOR
RESERVATION OF NAME**

Pursuant to [31 MRSA §1509.1](#), the undersigned applicant executes and delivers the following Application for Reservation of Name:

Check box **only** if this name is being reserved for use as an assumed name.

<p>_____</p> <p>Deputy Secretary of State</p> <hr/> <p>A True Copy When Attested By Signature</p> <hr/> <p>_____</p> <p>Deputy Secretary of State</p>
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(Name to be reserved must contain one of the following: "limited liability company" or "limited company" or the abbreviation "L.L.C.," "LLC," "L.C." or "LC" or, in the case of a low-profit limited liability company, "L3C" or l3c" **unless** this name is being reserved for use only as an assumed name – see [31 MRSA §1508](#).)

Name of applicant _____

Address of applicant _____

APPLICANT

DATED _____

(signature of applicant)

(type or print name and capacity)

- Names are reserved for a period of 120 days and **may not be renewed**.
- The Secretary of State will **not** act as an agent by holding applications for filing upon expiration of an existing reservation. Timely filing is the responsibility of the applicant.
- This application serves only as a reservation of the right to the use of a name. Actual use of the name **is not recommended** until the purpose for which the name is reserved is completed.

The execution of this application constitutes an oath or affirmation under the penalties of false swearing under [17-A MRSA §453](#).

Please remit your payment made payable to the Maine Secretary of State.

Submit completed form to:

Secretary of State
Division of Corporations, UCC and Commissions
101 State House Station
Augusta, ME 04333-0101
 Telephone Inquiries: (207) 624-7752

Email Inquiries: CEC.Corporations@Maine.gov

Filer Contact Cover Letter

To: Department of the Secretary of State
Division of Corporations, UCC and Commissions
101 State House Station
Augusta, ME 04333-0101

Tel. (207) 624-7752

Name of Entity (s):

List type of filing(s) enclosed (i.e. Articles of Incorporation, Articles of Merger, Articles of Amendment, Certificate of Correction, etc.) Attach additional pages as needed.

Special handling request(s): (check all that apply)

- Hold for pick up
- Expedited filing - 24 hour service (\$50 additional filing fee per entity, per service)
- Expedited filing - Immediate service (\$100 additional filing fee per entity, per service)

Total filing fee(s) enclosed: \$ _____

Contact Information – questions regarding the above filing(s), please call or email: (failure to provide a contact name and telephone number or email address will result in the return of the erroneous filing (s) by the Secretary of State's office)

(Name of contact person) _____
(Daytime telephone number)

(Email address)

The enclosed filing(s) and fee(s) are submitted for filing. Please return the attested copy to the following address:

(Name of attested recipient)

(Firm or Company)

(Mailing Address)

(City, State & Zip)