



New York State  
 DEPARTMENT OF STATE  
 Division of Licensing Services  
 P.O. Box 22001  
 Albany, NY 12201-2001

Customer Service: (518) 474-4429  
 www.dos.ny.gov

**Uniform Irrevocable Consent and Designation Foreign Entity**

- \* This form is to be used by a foreign (non-resident) applicant/entity.
- \* This form is to be signed by the President; Vice President; Secretary or Treasurer of the foreign Corporation; the partner of the Limited Partnership/Partnership; a member or manager of the LLC; principal of the Trade Name or individual.

I (we) hereby irrevocably submit to the jurisdiction of the courts of the State of New York and, further, hereby irrevocably designate the Secretary of State of the State of New York as its agent upon whom may be served any summons, subpoena and other process naming the entity in any action or special proceeding commenced in the State of New York.

By this consent and designation, I (we) agree that service of process upon the Secretary of State shall be, in all respects, as valid and binding as if personal service had been made upon the entity within the State of New York.

IN WITNESS HEREOF, this consent and designation is signed by (me) (us) this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_ .

Name of Entity: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ before me personally came \_\_\_\_\_ to me known, who, being by me duly sworn, did depose and say that he/she/they reside(s) in \_\_\_\_\_ (if the place of residence is in a city, include the street and street number, if any, thereof); that he/she/they is (are) the (president or other officer or director or attorney in fact duly appointed) of the (name of entity), the entity described in and which executed the above instrument; and that he/she/they signed his/her/their name(s) thereto by authority of the board of directors of said entity.

\_\_\_\_\_  
 Notary Public