

Corporations:

Name of LLC or Corporation:

Members:

1. Full name

PO Box (if applicable): _____

Street Address _____

Apartment (if applicable) _____

City _____

County _____

State _____ Zip Code _____

Social Security Number: _____ - _____ - _____

2. Full name

Current address:
(PO Box if applicable) _____

Street Address _____

Apartment (if applicable) _____

City _____ County _____

State: _____ Zip Code _____

Social Security Number: _____ - _____ - _____

(Attach a separate sheet if there are more than 2 members)

Address of the initial designated office:

City _____ State _____ Zip Code _____

Initial Agent for Service and Street Address: (this is the person or company listed with the Secretary of State)

Name:

Current address:

PO Box (if applicable) _____

Street Address _____

Apartment (if applicable) _____

City _____ County _____

State _____ Zip Code _____

Name and Address of each organizer (only one is required):

Name:

Current address:

PO Box (if applicable) _____

Street Address _____

Apartment (if applicable) _____

City _____ County _____

State _____ Zip Code _____

Name:

Current address:

PO Box (if applicable) _____

Street Address _____

Apartment (if applicable) _____

City _____ County _____

State _____ Zip Code _____

Is it a term company? *Circle one:* Yes or No

If so, length of term: _____

Is the company to be managed? *Circle One:* Yes or No

If so, names and addresses of manager(s) (attach a separate sheet if more than one):

Name:

Current address:

PO Box (if applicable) _____

Street Address _____

Apartment (if applicable) _____

City _____ County _____

State _____ Zip Code _____

If this is a corporation, state total authorized shares of stock and par value if known: _____

Will this be a S Corp? *Circle One:* Yes or No

Do you want us to apply for your EIN? *Circle One:* Yes or No

For EIN Application:

Social Security Number or Tax ID Number:

Responsible Party (individual or existing business):

Is this a new business? *Circle one:* Yes or No

Is this a change in type of organization? *Circle one:* Yes or No