

Entity Formation

CLIENT NAME _____

ENTITY: LLC LIMITED LIABILITY COMPANY LLP LIMITED LIABILITY PARTNERSHIP (FOR PROFESSIONAL SERVICES ONLY)
 C-CORP CORPORATION S-CORP "S" CORPORATION

PHONE: _____ CELL #: _____

EMAIL ADDRESS: _____

ENTITY ADDRESS: _____

STATE TO FILE: NY NJ OTHER _____ **COUNTY:** _____

PROPOSED NAMES IN ORDER OF PREFERENCE:

- 1. _____
- 2. _____
- 3. _____

PURPOSE: STANDARD / GENERAL PURPOSE OTHER: _____

BUSINESS DESCRIPTION: _____

ANTICIPATED START DATE: _____

INITIAL MEMBERS/ SHAREHOLDERS:	SOC. SEC. NUMBERS:
_____	_____
_____	_____
_____	_____

TIME FRAME: ROUTINE EXPEDITE (\$35) AFTER: ____ / ____ / ____

CALL BACK: EMAIL RECEIPT FAX RECEIPT PLEASE PHONE

ENTITY INFO: OPERATING AGRMT COMPLETE OUTFIT SEAL ONLY NAME CHANGE

SHIP BY: N/A UPS FED-EX (\$35) MAIL

ANNUAL FILING REQUIREMENTS: MOST STATES HAVE ANNUAL FEES AND FILING REQUIREMENTS. NEW YORK HAS INITIAL PUBLICATION REQUIREMENTS FOR LLCs. CALL OUR OFFICE FOR DETAILS.

Entity Package includes:

- Name Search with the Secretary of State
- Preparation and Filing of Certificate of Formation
- Expedited filing including State minimum filing fees
- Delivery of your LLC Outfit to you

Fee Payment for Entity Set Up

I will pay by:
 Check
 Credit Card **PLEASE FILL OUT >**

CARD NUMBER	EXP. DATE
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SECURITY CODE

SIGNATURE