

### Information for New Corporation, LLC or Association

**Person Ordering:**

Name:	Telephone Number:
Mailing Address:	Email Address:

**Type of Entity:**

<input type="checkbox"/> Corporation <input type="checkbox"/> Series Limited Liability Co. No. of Initial Series: _____ Names of Initial Series: (1) _____ (2) _____ (3) _____	<input type="checkbox"/> Non-Profit Corporation <input type="checkbox"/> Professional Corporation Select Profession <input type="checkbox"/> Accounting <input type="checkbox"/> Engineering <input type="checkbox"/> Vet. Medicine <input type="checkbox"/> Architecture <input type="checkbox"/> Physical Therapy <input type="checkbox"/> _____	<input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Professional Association Select Profession: <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Medicine</td> <td><input type="checkbox"/> Osteopathy</td> </tr> <tr> <td><input type="checkbox"/> Podiatry</td> <td><input type="checkbox"/> Dentist</td> </tr> <tr> <td><input type="checkbox"/> Optometry</td> <td><input type="checkbox"/> Therapeutic Optometry</td> </tr> <tr> <td><input type="checkbox"/> Chiropractic</td> <td><input type="checkbox"/> Psychology</td> </tr> <tr> <td><input type="checkbox"/> Clinical Social Wk</td> <td><input type="checkbox"/> Prof. Counseling</td> </tr> <tr> <td><input type="checkbox"/> Marriage/Family Counseling</td> <td></td> </tr> </table>	<input type="checkbox"/> Medicine	<input type="checkbox"/> Osteopathy	<input type="checkbox"/> Podiatry	<input type="checkbox"/> Dentist	<input type="checkbox"/> Optometry	<input type="checkbox"/> Therapeutic Optometry	<input type="checkbox"/> Chiropractic	<input type="checkbox"/> Psychology	<input type="checkbox"/> Clinical Social Wk	<input type="checkbox"/> Prof. Counseling	<input type="checkbox"/> Marriage/Family Counseling	
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**Name of Entity:**

**Principal Business Address:**

First Choice:	Street/P.O.Box:
Second Choice:	
Third Choice:	
Tel No:	

**Note:** The name of a corporation must end with "Inc.", "Corp", or "Corporation". A professional corporation name must include "P.C" or "Professional Corporation" and a professional association must include "P.A" or "Professional Association". A limited liability company name must include "LLC" or "Limited Liability Company".

**Assumed Name(s):**

If the entity will operate or conduct business under any name other than its full legal name (including the Inc., LLC, PA, etc at the end of the legal name, you will need to file an assumed name certificate. Please provide any assumed names which will be used:
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**Directors/Managers** (The board of directors or managers manages the corporation or company. Limited liability companies can be managed by its members but we require that corporations and associations be managed by a board of directors. Only one director/manager is required. If you are forming an LLC and do not want to name managers, leave this section blank.)

Name:	Address/Tel No:

Title:	Name:	Address/Tel No:
President		
Secretary		
Vice=President		
Treasurer		

**Members/Shareholders:** (Members or shareholders own the corporation, company or association. Please list all owners.)

Name:	Address & Tel Number:	Number of Shares	Share Purchase Price
			\$
			\$
			\$
			\$
			\$
			\$

**Registered Agent and Registered Office:** (All entities must have a registered agent and office to receive official notifications which affect the entity. This must be a physical address. P.O. boxes are not acceptable. Anytime this address changes, the Secretary of State must be notified.)

Name of Registered Agent:	Address/ Tel No:

**Tax Matters Member:** (All entities must have a tax matters member who is responsible for receiving official notifications which affect the entity. This must be a physical address. P.O. boxes are not acceptable. Anytime this address changes, the IRS must be notified.) Please provide an address you wish to receive mail if it is different than the business address.

Name of Tax Matters Member:	Address / Tel No:

**Annual Meeting:** (Corporations and associations are required to have annual meetings of the shareholders/members and board of directors. LLC's are not required to have an annual meeting.) Select the month for annual meetings if one is required. If you do not select a month, we will use March. \_\_\_\_\_

Select from the following options as appropriate. The Corporation/Company/Association will:

<input type="checkbox"/> Hire employees	<input type="checkbox"/> Obtain licenses or permits to operate e.g.
<input type="checkbox"/> Purchase insurance	Sales tax permit, etc
<input type="checkbox"/> Lease vehicles	<input type="checkbox"/> Other:

**Emergency Provisions:** Please list the name(s) of agents you would like to act on behalf of the member(s) or manager(s) in the event of emergency such as death or illness.

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**Other Notes:**

Property Addresses: