



BILLING INFORMATION

Firm Name (if applicable): _____
Contact Person: _____ Title: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Mobile Phone: _____ Fax: _____
E-mail: _____ Web: _____

SHIPPING INFORMATION

Shipping Method: USPS - **OR** - Fed-Ex: Express Saver 2-Day (included in package) Standard Overnight Priority Overnight
Firm Name (if applicable): _____
Contact Person: _____ Title: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ E-mail: _____

STATE OF FORMATION

The state where you would like your new company formed: _____
The county within this state where the principal office of the company will be located: _____

COMPANY NAME & PURPOSE

Provide up to three proposed company names in order of preference. Include a state approved corporate ending such as "**Limited Liability Company**" or an abbreviation such as, "**LLC**" or "**L.L.C.**" (**Note:** Your name will be formed **EXACTLY** as entered here)

1st Choice: _____
2nd Choice: _____
3rd Choice: _____

Provide a brief, **specific**, description of the proposed business activities: _____

LLC MANAGEMENT (Check one of the following)

- The LLC will be managed by one or more **Members** (Select this option if the members will manage the LLC)
 The LLC will be managed by one or more **Managers** (Select this option if the members will elect managers to operate the LLC on their behalf)

ADDRESSES

Principal/Physical office address of the company:

Address: _____ City: _____ State: _____ Zip: _____

Mailing address of the company: (complete only if different from "principal/physical" office address)

Address: _____ City: _____ State: _____ Zip: _____

Registered Agent (R/A): (Must be a resident person, or company, with a physical address in the state of formation)

- I want Accumera LLC to provide this service. Use my R/A details as follows:

Name: _____ (Must be a resident of the state of formation)

Address: _____ City: _____ State: _____ Zip: _____

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MANAGEMENT/OWNERSHIP *(Use Page 3 to list additional names)*

List the name, % of ownership, \$ amount of capital contributions and address of each Member:

1st	Name: _____ % Owned: _____ \$ Amount paid: _____
	Address: _____ City: _____ State: _____ Zip: _____
2nd	Name: _____ % Owned: _____ \$ Amount paid: _____
	Address: _____ City: _____ State: _____ Zip: _____
3rd	Name: _____ % Owned: _____ \$ Amount paid: _____
	Address: _____ City: _____ State: _____ Zip: _____

List the name, title and address of each Manager: *(For "Title" check all that apply)*

1st	Name: _____ Title: <input type="checkbox"/> Operating Manager <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Other: _____
	Address: _____ City: _____ State: _____ Zip: _____
2nd	Name: _____ Title: <input type="checkbox"/> Operating Manager <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Other: _____
	Address: _____ City: _____ State: _____ Zip: _____
3rd	Name: _____ Title: <input type="checkbox"/> Operating Manager <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Other: _____
	Address: _____ City: _____ State: _____ Zip: _____

FORMATION PACKAGE AND ADDITIONAL OPTIONS

Choose Formation Package: *(Call us or visit www.accumera.com for our package fees)*

<input type="checkbox"/> Economy Package	<input type="checkbox"/> Value Package	<input type="checkbox"/> Premium Package - (Complete Page 3)
<ul style="list-style-type: none"> ⇒ Unlimited phone support & company name search ⇒ 24-Hour order processing ⇒ Professional preparation and review of documents ⇒ Electronic or paper submission of filing ⇒ Fed-Ex shipping to/from state <i>(if applicable)</i> ⇒ All state formation filing fees ⇒ 2 Membership Certificates and Membership Ledger ⇒ E-mail confirmation of filing and delivery of formation documents ⇒ Fed-Ex 2-day shipping of original documents to you 	<ul style="list-style-type: none"> ⇒ All Items From Economy Package plus... ⇒ Expedited state filing fees <i>(if applicable)</i> ⇒ Limited Liability Kit (Includes: 3-ring Binder with 265 sheet capacity, gold detailing and matching slipcase) ⇒ Customized folding 1-5/8" LLC Seal ⇒ 20 Membership Certificates printed on high quality, 24lb paper, with watermark and copy protection ⇒ Membership ledger ⇒ Minutes and operating agreement on CD in .PDF format ⇒ Fed-Ex ground shipping of LLC kit 	<ul style="list-style-type: none"> ⇒ All Items From Value Package plus... ⇒ Certified copy of your formation document ordered on an expedited basis ⇒ Preparation of the SS-4 application and obtain federal tax ID number (EIN) ⇒ Preprinted minutes and operating agreement ⇒ Preprinted membership certificates ⇒ Preprinted membership ledger ⇒ LLC minutes and operating agreement on CD in "fully editable".WORD format

Choose Additional Options:

<input type="checkbox"/> Expedite my request with the filing agency**	<input type="checkbox"/> File mandatory initial report (Required in AK, CA, LA and WA)
<input type="checkbox"/> Certified copy of your formation document*	<input type="checkbox"/> Mandatory publication requirement (Required in AZ, NE and NY)
<input type="checkbox"/> Certificate of good standing	
<input type="checkbox"/> Obtain federal tax ID number (EIN)* - Complete Page 3	
<input type="checkbox"/> Prep. of state and federal S-Corp. Election - Complete Page 3	
<input type="checkbox"/> LLC Min. and Oper. Agree. on CD in "fully editable".WORD format*	
<input type="checkbox"/> Preprinted minutes and operating agreement*	
<input type="checkbox"/> Preprinted membership certificates and ledger*	
<input type="checkbox"/> Annual registered agent services	<i>*Included in "Premium" Package</i>
<input type="checkbox"/> BUSINESS LICENSE RESEARCH PACKAGE <i>(Includes forms, instructions & agency contact info)</i>	<i>**Included in "Value" and "Premium" Packages</i>

PAYMENT

Payment Authorization: By submitting this form I authorize Accumera LLC to take payment for the services requested via the following payment method. Payments can be made by **eCheck, Visa, MasterCard, AMEX, Discover and wire transfer.**

Use my payment method already on file
 Email me an invoice for the services requested and I will make a payment online at <https://payments.accumera.com>

First Name/Last Name: _____ Signature: _____

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USE THIS PAGE TO REPORT ADDITIONAL MANAGEMENT/OWNERSHIP AND FEDERAL TAX ID NUMBER (EIN) INFORMATION

ADDITIONAL MANAGEMENT/OWNERSHIP *(Attach additional pages if necessary)*

List the name, % of ownership, \$ amount of capital contributions and address of each Member:

4th	Name: _____	% Owned: _____	\$ Amount paid: _____
	Address: _____	City: _____	State: _____ Zip: _____
5th	Name: _____	% Owned: _____	\$ Amount paid: _____
	Address: _____	City: _____	State: _____ Zip: _____
6th	Name: _____	% Owned: _____	\$ Amount paid: _____
	Address: _____	City: _____	State: _____ Zip: _____
7th	Name: _____	% Owned: _____	\$ Amount paid: _____
	Address: _____	City: _____	State: _____ Zip: _____
8th	Name: _____	% Owned: _____	\$ Amount paid: _____
	Address: _____	City: _____	State: _____ Zip: _____

List the name, title and address of each Manager: *(For "Title" check all that apply)*

4th	Name: _____	Title: <input type="checkbox"/> Operating Manager <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Other: _____
	Address: _____	City: _____ State: _____ Zip: _____
5th	Name: _____	Title: <input type="checkbox"/> Operating Manager <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Other: _____
	Address: _____	City: _____ State: _____ Zip: _____
6th	Name: _____	Title: <input type="checkbox"/> Operating Manager <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Other: _____
	Address: _____	City: _____ State: _____ Zip: _____
7th	Name: _____	Title: <input type="checkbox"/> Operating Manager <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Other: _____
	Address: _____	City: _____ State: _____ Zip: _____
8th	Name: _____	Title: <input type="checkbox"/> Operating Manager <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Other: _____
	Address: _____	City: _____ State: _____ Zip: _____

FEDERAL TAX ID NUMBER (EIN) INFORMATION

Provide the following information so we can obtain your Federal Tax Identification Number (EIN).

For security, call to provide SSN

Name and SSN/EIN of the "responsible party" to be listed with the IRS: _____ --

Phone # to list with tax department: _____

Fax # to list with tax department, if any: _____

Financial year end date: (MM/DD) _____

Will the LLC apply for S-Corp Tax Status? Yes No

Expected Number of Employees, if any: _____

If the company has employees, does it expect to pay \$4,000 or less in total wages? Yes No

If the company has employees, what is the expected date that wages will be paid to employees? (MM/DD/YY) _____

Please call, (888) 467-1289, with any questions. We will contact you for any additional required information. Thank you!