



PROFESSIONAL LLC (PLLC) ORDER FORM

Accumera LLC • 911 Central Avenue, #101 • Albany, NY 12206
(518) 937-9117 • (888) 467-1289 **toll free** • (518) 937-9128 **fax**
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BILLING INFORMATION

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

SHIPPING INFORMATION (complete only if different from "billing information")

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. Be sure to include a state approved corporate ending such as "Professional Limited Liability Company" or an abbreviation such as, "PLLC" or "P.L.L.C."
(Note: Your name will be formed **EXACTLY** as entered here)

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

Licensed Profession to be practiced: Medicine Dentistry Physical Therapy Accountancy Law Other: _____

*****Note: Provide copies of all State Licenses and Board Certifications for the persons licensed to practice such profession*****

LLC MANAGEMENT (Check one of the following)

- The PLLC will be managed by one or more **Members** (Select this option if the members will manage the LLC)
- The PLLC 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): (Optional for New York Professional Limited Liability Companies)

- I want Accumera LLC to provide this service.
- Use my R/A details as follows: (Must be a physical address in the state of formation)

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, license #, % of ownership, \$ amount of capital contributions and address of each Member:

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

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

1st	Name: _____	License # _____	Title: <input type="checkbox"/> Operating Manager	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Other: _____
	Address: _____	City: _____	State: _____	Zip: _____		
2nd	Name: _____	License # _____	Title: <input type="checkbox"/> Operating Manager	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Other: _____
	Address: _____	City: _____	State: _____	Zip: _____		
3rd	Name: _____	License # _____	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 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 & 24Hr. Order Processing ⇒ Company name search ⇒ Any required professional consents ⇒ Professional preparation and review of documents ⇒ Electronic or paper submission of filing ⇒ 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 	<ul style="list-style-type: none"> ⇒ All Items From Economy Package plus... ⇒ Expedited state filing fees ⇒ 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 ⇒ PLLC Minutes and operating agreement emailed 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 ⇒ PLLC minutes and operating agreement emailed in "fully editable".WORD format

Choose Additional Options:

- Certificate of good standing ordered on an expedited basis *(May be required if you will file an authority into another state)*
- Certified copy of your formation document ordered on an expedited basis*
- Obtain federal tax ID number (EIN)* - **Complete Page 3**
- Mandatory publication requirement **(Required in Arizona, Nebraska and New York)**
- Preprinted minutes and operating agreement*
- Preprinted membership certificates and ledger*
- Annual registered agent services

**Included in "Premium Package"*

PAYMENT

Visa MasterCard American Express Discover Card Number:

Check or Money Order (Enclosed) Expiration Date: (Month/Year) / Verification Code:

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

Cardholder Name (First/Last): _____ Cardholder Signature: _____

Credit Card Authorization By Submitting this form I authorize Accumera LLC to charge my credit card for the services requested.

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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, license #, % of ownership, \$ amount of capital contributions and address of each Member:

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

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

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

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: (ex. 12/31) _____

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? _____

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