

**CORPORATION / LIMITED LIABILITY COMPANY**

Company Name: 1<sup>st</sup> Choice \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_

Principal Place of Business: \_\_\_\_\_

Mailing Address of Business if different from physical address: \_\_\_\_\_

County: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Registered Agent: **Nishad Khan PL**  
617 E. Colonial Drive  
Orlando, FL 32803  
NAK@nishadkhanlaw.com

**-OR-**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Purpose or purposes for which the company is organized: \_\_\_\_\_

NAMES OF OWNERS / MEMBERS:

Addresses:

1) \_\_\_\_\_  
SS#: \_\_\_\_\_  
Home#: \_\_\_\_\_  
Cell: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
D.O.B: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Ownership Percentage:  
\_\_\_\_\_ (Out of 100%)  
Amount Paid: \_\_\_\_\_

2) \_\_\_\_\_  
SS#: \_\_\_\_\_  
Home#: \_\_\_\_\_  
Cell: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
D.O.B: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Ownership Percentage:  
\_\_\_\_\_ (Out of 100%)  
Amount Paid: \_\_\_\_\_

3) \_\_\_\_\_  
SS#: \_\_\_\_\_  
Home#: \_\_\_\_\_  
Cell: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
D.O.B: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Ownership Percentage:  
\_\_\_\_\_ (Out of 100%)  
Amount Paid: \_\_\_\_\_

4)

\_\_\_\_\_

SS#: \_\_\_\_\_

Home#: \_\_\_\_\_

Cell: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

D.O.B: \_\_\_\_\_

Ownership Percentage: \_\_\_\_\_ (Out of 100%)

Amount Paid: \_\_\_\_\_

Authorized Representative / Contact for the Company

Home#: \_\_\_\_\_

Cell: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

D.O.B: \_\_\_\_\_

U.S. CITIZEN: Yes: \_\_\_\_\_

No: \_\_\_\_\_

COMPANY TAXED AS: \_\_\_\_\_ S

\_\_\_\_\_ C

\_\_\_\_\_ Partnership

\_\_\_\_\_ Disregarded

\_\_\_\_\_ Other (please specify)

Do you need an explanation of potential tax ramifications of the different type of entities?

Yes \_\_\_\_\_ No \_\_\_\_\_

If LLC, do you want the Company Member-Managed (all members manage the Company) or Manager-Managed (select parties manage the Company) \_\_\_\_\_

OFFICERS (optional):                      President/Manager: \_\_\_\_\_

   Vice-President: \_\_\_\_\_

   Secretary: \_\_\_\_\_

   Treasurer: \_\_\_\_\_

**\*\*REMINDER\*\*** - Copy of driver's license or passport for each person with signatory authority on the Company's account.

Total number of employees employed by Company \_\_\_\_\_

Will the owners/members acknowledge that the Officers, may, from time to time, engage in business enterprises similar to the business of the Company and competitive with its business?

Will the managers be able to engage in such similar and competitive enterprises without restriction and have no obligation to account to the LLC or to the Members for such activities?

The Company's annual accounting period for financial and tax purposes shall be? \_\_\_\_\_.

The Company shall use the \_\_\_\_\_ (either cash or other) method of accounting to compute its taxable income.

Will there be any restriction on the sale or transfer of units? \_\_\_\_ Yes \_\_\_\_ No

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

Will someone or the Company have a first right to purchase units sold? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If someone dies, becomes disabled, retires, terminates employment, or becomes insolvent, how much will that person sell their units for? \_\_\_\_\_

\_\_\_\_\_

Is the Business Regulated by a State or Federal Agency? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Name of Agency: \_\_\_\_\_

Special Voting Requirements:

Vote Required to Add New Members: \_\_\_\_\_ %

Vote Required to Elect New Manager/President: \_\_\_\_\_ %

Vote Required to Amend the Governing Documents: \_\_\_\_\_ %

Place an X by your choice to identify which of the following “major decisions” should require approval of a majority / super majority / unanimous decision of the Owners

- \_\_\_ All of the Below
- \_\_\_ Sale, lease or disposition of all or substantially all assets of the Company
- \_\_\_ Any merger, consolidation or liquidation of the Company
- \_\_\_ A material changing in the nature of the Company’s business
- \_\_\_ Any requirement obligation Owners to make additional Capital Contributions
- \_\_\_ The dissolution or liquidation of the Company
- \_\_\_ Company’s obligation of any liability in the amount of \$\_\_\_\_\_ in a fiscal year
- \_\_\_ Any transaction or loan with an Owner of the Company
- \_\_\_ The voluntarily filing of a bankruptcy action