

## Form C-Corporation

PLEASE NOTE: The States of Pennsylvania, Georgia, Arizona, Nebraska and New York law requires a Corporation / LLC to publish a notice of filing of articles of incorporation in the local Newspaper where entity is located. Our packages does not include publication fees, Infotaxsquare.com representative will call you to discuss the publication pricing.

Corporation Type:  C-Corporation  S-Corporation

Select The State:

Please complete the requested information below for filing your Certificate of Incorporation.  
Infotax Square representative will begin processing your order upon receipt of payment.

### BUSINESS OVERVIEW

Enter The EXACT Company name which will be your first preference and two alternate corporate names below. Our staff will research your corporation's name availability according to your order of preference.

Type of Entity:

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

Alternative Name1: \_\_\_\_\_

Alternative Name2: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

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

Business Description: \_\_\_\_\_

### CONTACT INFORMATION (This is where we will ship your documents)

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

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

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

City, State, Zip: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax Number (if any): (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### STOCK INFORMATION

Authorized Shares: \_\_\_\_\_

Par Value Per Share: \_\_\_\_\_

**OWNER INFORMATION**

Please indicate who will serve in the following corporate officer positions

**PRESIDENT**

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

Social Security Number: \_\_\_\_\_ (999-99-9999)

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

City, State, Zip: \_\_\_\_\_

**VICE PRESIDENT**

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

Social Security Number: \_\_\_\_\_ (999-99-9999)

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

City, State, Zip: \_\_\_\_\_

**SECRETARY**

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

Social Security Number: \_\_\_\_\_ (999-99-9999)

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

City, State, Zip: \_\_\_\_\_

**TREASURER**

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

Social Security Number: \_\_\_\_\_ (999-99-9999)

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

City, State, Zip: \_\_\_\_\_

**PURPOSE STATEMENT**

Example: "To provide a repair service for automotive and other vehicles and to sell automotive parts, gasoline and diesel fuel."

\_\_\_\_\_  
\_\_\_\_\_

**REGISTERED AGENT INFORMATION**

As you did not select Registered Agent on the previous page, so please enter the name and address of the person who will serve as the Registered Agent.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

ORDER INFORMATION ( For Pricing <https://www.infotaxsquare.com/processor/order-init.php?o=co> )

<input type="radio"/> State Fee:	
<input type="radio"/> Standard Shipping Fee:	
<input type="radio"/> Corporate Kit Fee:	
<input type="radio"/> Employer ID Number Fee:	
<input type="radio"/> State Expedite Fee:	
<input type="radio"/> Resident Agent Fee:	
<input type="radio"/> Sales Tax ID Number Fee:	
<input type="radio"/> Publication Fee:	
<input type="radio"/> Basic Package Fee:	
Total	

CARDHOLDER INFORMATION

Check (payable to INFOTAX SQUARE) : Our Mailing Address <http://www.infotaxsquare.com/contact.html>

CREDIT CARD: This authorizes Infotax Square to charge my credit card for filing Certificate of Incorporation.

Card Type:  Visa  Master Card  American Express  Discover

First Last Name: \_\_\_\_\_

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

Phone, Fax: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Country: \_\_\_\_\_



General Comments / Instructions:

TERMS OF USE AGREEMENT & DISCLAIMER ( Click Here For Online )

The undersigned hereby represents and warrant that he/she duly authorizes Infotax Square to charge his/her credit card for the above services rendered.

Free Consultation  
 +1 (866)754 4460

Name / Signature

Official Use Only	Prepared by: _____
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**\*Important: Please save the form before submitting**