

Foreign Entity Qualification - LLC

Please complete the requested information below for your Foreign Entity Qualification.
Infotax Square representative will begin processing your order upon receipt of payment.

PLEASE SELECT

Type of Entity:

Home State:

(Please Select the state in which this entity is currently incorporated or organized.)

Foreign State:

(Please Select the state in which you would like this entity to qualify as a Foreign Entity for purpose of conducting business.)

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

First, Last Name: _____

Address: _____

Suite/Apt: _____

City, State, Zip: _____

Telephone Number: (____) _____ - _____

Fax Number (if any): (____) _____ - _____

BUSINESS OVERVIEW

Name of Entity: _____

State of Formation:

Date of Formation: _____ (mm/dd/yyyy)

Fiscal Year End: _____

Business Description: _____

Address: _____ (if different from the above)

Suite/Apt: _____

City, State, Zip: _____

HOME STATE REGISTERED AGENT'S INFO

Full Name: _____

Address: _____

City, State, Zip: _____

MEMBER / MANAGER INFORMATION

MEMBER / MANAGER 1

Full Name: _____

Social Security Number: _____ (999-99-9999)

Residence Address: _____

City, State, Zip: _____

Phone, Fax: _____

MEMBER / MANAGER 2

Full Name: _____

Social Security Number: _____ (999-99-9999)

Residence Address: _____

City, State, Zip: _____

Phone, Fax: _____

FOREIGN STATE INFORMATION

A Corporation and or LLC are usually required to maintain a "Registered Agent" in each state where it will be qualified as a Foreign Entity. Please indicate whether you would like Infotax Square to provide you with registered agent services or you will be designating the registered agent who will server in the state where your entity is qualifying.

- Check this box if you would like Infotax Square to provide you with Registered Agent Services in the state where you are qualifying as a foreign entity. NOTE: An annual fee of \$159.00 per year will apply to this order.
- No, I will provide registered agent services myself (if you select no, please complete the following):

Full Name: _____

Address: _____

City, State, Zip: _____

ORDER INFORMATION (For Pricing https://www.infotaxsquare.com/forms/foreign_entity.php)

Foreign Qualification State Filing Fees:	
<input type="checkbox"/> Include Expedite Filing Fees:	
Originating State Certificate of Good Standing Fees:	
Infotax Square Fee for Foreign Entity Filing:	
Shipping and Handling (UPS Delivery):	
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.

Name / Signature

Free Consultation
+1 (866)754 4460

Official Use Only Prepared by: _____

***Important: Please save the form before submitting**

Have a Question? Please contact our customer service department at 866-754-4460 or 516-822-3100, 516-822-3175.
You may also email your questions to info@infotaxsquare.com or take advantage of our Live Chat option. Live Chat available 24/7