

Professional Limited Liability Company

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.

Select The State:

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, Last Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: (____) _____ - _____

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

OWNER INFORMATION

The Owner's of an LLC are called "Members. You may enter the members (owners) of your company below. However, members can be deleted or added at a later date, as ownership can be determined after your company has been approved by the State. Also, it is not necessary to enter percentage of ownership here.

LLC MEMBER 1

Full Name: _____

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

Residence Address: _____

City, State, Zip: _____

LLC MEMBER 2

Full Name: _____

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

Residence Address: _____

City, State, Zip: _____

LLC MEMBER 3

Full Name: _____

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

Residence Address: _____

City, State, Zip: _____

LLC STRUCTURE

Will your LLC be "Member Managed" "Manager Managed"?
Will your LLC be an "At-will" company "Term" company?

(if "Term", describe the termination event or date): _____

REGISTERED AGENT INFORMATION

First, Last Name: _____

Address: _____

City, State, Zip: _____

ORDER INFORMATION (For Pricing <https://www.infotaxsquare.com/forms/professional-init.php?o=lc>)

<input type="radio"/>	State Fees:	
<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://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: _____ City, State, Zip _____
 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**