

LIMITED LIABILITY COMPANY INFORMATION FORM

I. INTRODUCTORY INFORMATION

Client's name _____

Contact person _____

Type of business _____

Purpose of business _____

Date business to begin _____

Form as a Professional Limited Liability Company Yes _____ No _____

II. COMPANY NAME

Name of the limited liability company _____

1st choice _____

2nd choice _____

3rd choice _____

State of limited liability company _____

Date checked for availability _____

Application for reservation of company name required: Yes _____ No _____

Assumed name certificate: Yes _____ No _____

If yes, assumed name to be used _____

Withdraw assumed name of unincorporated business: Yes _____ No _____

Send Notice to creditors of company for an ongoing business: Yes _____ No _____

Publish notice in newspaper for organization of an ongoing business: Yes _____ No _____

Counties to file assumed name in _____

File Assumed Name with secretary of state's office: Yes _____ No _____

III. OTHER ESSENTIAL FILING DETAILS

Organizer's name _____

Address _____

Phone no. _____ Fax no. _____

Registered agent's name _____

Registered office address _____

Phone no. _____ Fax no. _____

Will company conduct business in other states? Yes _____ No _____

If yes, name of states and counties _____

Names under business will be conducted _____

Period of duration: Perpetual _____ Other _____

Company's purposes:

General purpose clause _____

Specific purpose clause _____

Date of filing Articles of Organization with secretary of state _____

IV. MEMBERS

Membership Interests

Classes of interests: Yes _____ No _____

If yes, other rights and preferences _____

Original members:

Name _____

Address _____

Phone no. _____ Fax no. _____

Initial Capital Contribution _____

Commitment _____

Initial Sharing Ratio _____

Name _____

Address _____

Phone no. _____ Fax no. _____

Initial Capital Contribution _____

Commitment _____

Initial Sharing Ratio _____

Name _____

Address _____

Phone no. _____ Fax no. _____

Initial Capital Contribution _____

Commitment _____

Initial Sharing Ratio _____

Name _____

Address _____

Phone no. _____ Fax no. _____

Initial Capital Contribution _____

Commitment _____

Initial Sharing Ratio _____

V. MANAGEMENT STRUCTURE

Will the company's management structure include managers? Yes _____ No _____

Number of managers _____

Manager's name _____

Address _____

Phone no. _____ Fax no. _____

Manager's name _____

Address _____

Phone no. _____ Fax no. _____

Term of managers _____

Staggered terms, if desired _____

Qualifications for serving _____

Compensation _____

Quorum requirements for managers' meetings _____

VI. ORGANIZATIONAL MEETING

Date _____ Time _____

Place _____

Name of the chairman of the organizational meeting _____

Name of the secretary of the meeting _____

Date regulations approved _____

Officers elected:

President _____

Vice-President _____

Secretary _____

Treasurer _____

Order Company minute book: Yes _____ No _____

Type _____

Date ordered _____

Cost \$ _____

VII. OPERATION

Principal place of business _____

Business location: Own _____ Lease _____ Assignment of lease _____

Preparation of lease _____

Name of landlord _____

VIII. FINANCIAL STRUCTURE

Loans to be made to the company _____

Name of accountant _____

Address _____

Phone no. _____ Fax no. _____

Name of insurance agent _____

Address _____

Phone no. _____ Fax no. _____

Referred by _____

Name of financial consultant _____

Address _____

Phone no. _____ Fax no. _____

Name and address where bank account will be located:

Name _____

Address _____

Bank officer _____

Account no. _____

Banking resolutions to be prepared or use bank standard form: Yes _____ No _____

Name and company office of persons authorized to draw checks or make loans on the company's behalf _____

Fiscal or calendar year for company _____

IX. BENEFITS PACKAGE

Health and accident plan: Yes _____ No _____

Buy-sell agreements Yes _____ No _____

Employment or management agreement Yes _____ No _____

Compensation agreement Yes _____ No _____

Expense agreement Yes _____ No _____

Restrictive covenant agreement Yes _____ No _____

Retirement plan requested Yes _____ No _____

Wills, estate plan or financial planning Yes _____ No _____

X. PAST LEGAL REPRESENTATION

Names of previous attorneys _____

Addresses _____

Phone no. _____ Fax no. _____

Matters handled by that attorney _____

XI. FEES

Fee: \$ _____

Special handling fee requested \$ _____

Regular mail _____ Other _____

NOTES

