



Limited Liability Company (LLC) Formation Checklist

Questions on how to complete this form?
Call 1-800-600-1760 from 8am - 5pm PST
or email info@corporatedirect.com

Return completed forms to:
info@corporatedirect.com
or fax form to: 1-775-824-0105

Organization

ORGANIZATION - 1ST CHOICE FOR NAME OF ENTITY	Single Member*	Partnership
2ND CHOICE FOR NAME OF ENTITY	C Corporation	S Corporation
3RD CHOICE FOR NAME OF ENTITY	* FOR SINGLE MEMBER LLCs, PLEASE INDICATE A SUCCESSOR MANAGER BELOW IN THE MEMBERS & MANAGERS AREA.	

IN WHICH STATE ARE WE FORMING YOUR ENTITY?	IN WHICH STATE(S) WILL YOU DO BUSINESS? **
FOR WYOMING ENTITIES, WOULD YOU LIKE TO ADD ARMOR & PROTECTION FOR AN ADDITIONAL FEE?	FOR NEW YORK AND ARIZONA ENTITIES ONLY, WHAT COUNTY WILL YOU BE DOING BUSINESS IN?
IF YOUR ENTITY WILL OWN RENTAL PROPERTY, CONDUCT BUSINESS, OR PAY WAGES IN ANOTHER STATE, WE WILL NEED TO REGISTER THE ENTITY IN THE OTHER STATE AS WELL. IF THIS IS THE CASE, IN WHICH OTHER STATE OR STATES WILL WE NEED TO QUALIFY YOUR ENTITY?	_____

NATURE OF BUSINESS ACTIVITY? (BASIC ONE-LINE SUMMARY. A TYPICAL STATEMENT FOR ASSET HOLDING IS "TO HOLD & MANAGE INVESTMENTS.")

DESIGNATED PARTNERSHIP REPRESENTATIVE NAME (MR., MRS., OR MS.) PLEASE ONLY LIST 1 PERSON

Members & Managers

WILL YOUR LLC BE MANAGED BY SOME/ALL OF ITS MEMBERS, OR BY A MANAGER? (PLEASE NOTE THAT A SEPARATE CORPORATION OR LLC MAY BE USED TO SERVE AS THE MANAGER.)

Member Managed Manager Managed

IF MANAGER MANAGED, LIST A MANAGER NAME (MR., MRS., OR MS.)

NAME(S), ADDRESS(ES), AND INTEREST PERCENTAGES OF YOUR MEMBERS.

PLEASE NOTE IF THE COMPANY IS MEMBER MANAGED, ALL MEMBERS ARE MANAGERS. PLEASE LIST NAMES OF ALL THE MEMBERS. IF THE COMPANY IS MANAGER MANAGED, PLEASE LIST THE NAME OF THE MANAGER(S), AND PROVIDE THE NAMES OF ALL THE MEMBERS. MEMBERS MAY HAVE EQUAL INTEREST OR DIFFERING INTEREST, DEPENDING ON THE AMOUNT EACH PERSON IS INTENDING TO CONTRIBUTE TOWARDS THE LLC.

For Single Member LLCs, please name 3 Successor Managers in the boxes below.

NAME (MR., MRS., OR MS.)	ADDRESS	INTEREST PERCENTAGE	MINOR CHILD?
SUCCESSOR MANAGER #1 NAME	SUCCESSOR MANAGER #2 NAME	SUCCESSOR MANAGER #3 NAME	

** IF THE STATE YOU ARE DOING BUSINESS IN IS DIFFERENT THAN THE STATE YOU ARE FORMING YOUR ENTITY IN, WE WILL PROVIDE YOU WITH A QUOTE FOR QUALIFYING (OR REGISTERING) THE COMPANY IN A SECOND STATE.



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Members & Managers - Continued

NAME & SOCIAL SECURITY NUMBER OF ONE MANAGER OR MANAGING MEMBER (IF NONE OF YOUR ENTITY'S MEMBERS, MANAGERS OR PARTNERS ARE U.S. PERSONS, PLEASE PROVIDE A LEGIBLE PHOTOCOPY OF THEIR PASSPORT WITH A PHOTOGRAPH AND IDENTIFICATION PARTICULARS.)	NAME	SOCIAL SECURITY NUMBER

VOTING – PLEASE SELECT ONE:

- Unanimous
 Simple Majority
 Two-Thirds
 Other: _____

IF A MEMBER IS A TRUST, LIST THE TRUSTEE'S NAME	ADDRESS	INTEREST PERCENTAGE
IF A MEMBER IS A COMPANY, LIST THE COMPANY'S PRESIDENT OR MANAGER	ADDRESS	INTEREST PERCENTAGE

Contact Information & Services

HOW DID YOU HEAR ABOUT CORPORATE DIRECT?

YOUR CONTACT DETAILS: THIS IS NOT FOR THE PUBLIC. THIS IS HOW WE CONTACT YOU AND WHERE WE CAN SEND YOUR DOCUMENTS.	NAME (MR., MRS., OR MS.)	
	ADDRESS	
	EMAIL	
	TELEPHONE (MAIN)	CELL
	FAX	