

REFERRED BY: _____

MSF OFFICE LOCATION: _____

MSF EMPLOYEE: _____

CHECKLIST FOR LLC

PART 1: CLIENT INFORMATION

Client's Name (First, Last): _____

City: _____

Primary Phone: Home Cell
 _____-_____-_____

Name of LLC (Three choices in order of preference):

What Does This Company Do?

Registered Address of LLC:

City: _____

Designated Address:

State: _____ **Zip:** _____

Secondary Phone: Home Cell
 _____-_____-_____

Name of Registered Agent (Person receiving official notifications)

City: _____

State: _____ **Zip:** _____

PART 2: LLC MEMBER INFORMATION

Managing Member Non-Managing Member

Client's Name (First, Last): _____

Address: _____

Email: _____

SSN: _____-_____-_____

City: _____ **State:** _____ **Zip:** _____

% of Ownership: _____

Managing Member Non-Managing Member

Client's Name (First, Last): _____

Address: _____

Email: _____

SSN: _____-_____-_____

City: _____ **State:** _____ **Zip:** _____

% of Ownership: _____

PART 3: PAYMENT INFORMATION

FEE(S) & OTHER ADDITIONS

Credit Card #:

Expiration Date:

Name on Card:

Security Code:

Address on Card:

City:

State:

Zip Code:

LLC Organization:	\$324.00
State Filing Fee:	\$ _____
S-Corp Election:	\$25.00
Postage to Mail Binder:	\$11.30

Please bill my credit card for the items checked:

- LLC Organization
 S-Corp Election: Form 2553
 Filing Fees
 Postage

Total to be Billed: \$

Signature

Print Name

Date