

Attorney Name:

Firm Name:

Address:

Phone Number:

Email:

(We will Email the filed formation document(s) at no additional charge)

Please email estimated costs before proceeding:

State to File Formation:

Proposed Name of Company and Alternate Choices:

Please send my usual company outfit _____

Please send company outfit # _____

Registered Office Address (P.O. Box Not Acceptable) or our office can provide (\$139/year for most states):

Business Email Address and Phone Number:

Brief Statement of Purpose:

Organizer(s) Name(s) and Address(es):

or M. BURR KEIM COMPANY to Provide

MEMBER/MANAGER INFORMATION	
Member-Managed	Manager-Managed
Name: Address: Title:	
Name: Address: Title:	
Name: Address: Title:	
Name: Address: Title:	

If you would like to have us obtain a Federal Employer Identification Number (FEIN) please complete this section (**Our fee for this service is \$55.00**).

Legal name of the responsible person: _____ Social security number: _____ Street address: _____ City: _____ State: _____ Zip code: _____ Phone #: _____ Total # of members: _____	Does the entity have/expect to have employees who will receive forms W-2 in the next 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: When will the entity begin paying wages? ____/____ (mm/yr) Does the entity expect to pay less than \$5,000 in total wages during the next calendar year? <input type="checkbox"/> Yes <input type="checkbox"/> No
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