

## WORKSHEET FOR ORGANIZING A NEW JERSEY LIMITED LIABILITY COMPANY

**FAX: 215-977-9386 or 888-977-9386 (OUTSIDE 215 AREA CODE)**  
**OR CALL: 215-563-8113 or 800-533-8113 (OUTSIDE 215 AREA CODE)**

Attorney Name: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

FAX # or Email: \_\_\_\_\_

(We will FAX or Email the filed Certificate of Organization at no additional charge)

ALL ORDERS RECEIVED BEFORE 2:00 PM WILL  
BE SUBMITTED FOR FILING THE SAME DAY.

<u>FEE SCHEDULE</u>	
NJ State Expedited Filing Fee	\$150.00
Basic Service Fee	\$75.00*
Name Availability Fee**	\$20.00
Company Outfit Approx:	\$85.00
**State name check fee will be \$5 or \$10 higher if we have to use a 2 <sup>nd</sup> or 3 <sup>rd</sup> choice.	

Proposed Name of Company and Alternate Choices: \_\_\_\_\_

Please send my usual company outfit \_\_\_\_\_

Name and Address of Registered Agent (P.O. Box Not Acceptable): \_\_\_\_\_

Please send company outfit # \_\_\_\_\_

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

or M. BURR KEIM COMPANY to Provide

\* If you would like to have us complete the operating agreement and prepare the member certificates (additional \$60.00 fee) please complete this section.

MEMBER INFORMATION	OWNERSHIP INTEREST (%)	CONSIDERATION TO BE PAID
Name: _____ Address: _____ Social Security #: _____		
Name: _____ Address: _____ Social Security #: _____		
Name: _____ Address: _____ Social Security #: _____		
Name: _____ Address: _____ Social Security #: _____		

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 #: _____ Purpose (Type of Business): _____ 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  <b>If Yes:</b> 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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