

**WORKSHEET FOR ORGANIZING A
NEW JERSEY LIMITED LIABILITY COMPANY**

FAX: 215-977-9386 or 888-977-9386 (OUTSIDE 215 AREA CODE)

E-Mail: info@mburrkeim.com

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.

FEE SCHEDULE	
NJ State Expedited Filing Fee	\$150.00
Basic Service Fee	\$95.00
Company Outfit Approx:	\$85.00

Proposed Name of Company and Alternate Choices: _____

Please send my usual company outfit _____
Please send company outfit # _____

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

Organizer Name: _____

or M. BURR KEIM COMPANY to Provide organizer

Should members be listed publicly (required by most banks): Yes, listed below No

* 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 <small>(If listing members publicly but NOT completing operating agreement, only provide names/addresses)</small>	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 \$75.00).

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 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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