

CORPORATION FORMATION QUESTIONNAIRE

NAME: _____	REQUEST DATE: _____
PHONE: _____	EMAIL: _____
	DATE NEEDED: _____

I. TYPE OF ENTITY/PERSON FILING COMPLAINT AGAINST

1. State of Formation: _____	
2. Choose Entity Type:	3. Please complete corresponding details for Entity type:
<input type="checkbox"/> Corporation	<input type="checkbox"/> Domestic <input type="checkbox"/> Close <input type="checkbox"/> SubChapter S <input type="checkbox"/> Non-Profit <i>* Please specify:</i> _____ <input type="checkbox"/> Mutual Benefit <input type="checkbox"/> Public Benefit <input type="checkbox"/> Religious
<input type="checkbox"/> Foreign Qualification	<input type="checkbox"/> Profit <input type="checkbox"/> Non-Profit <input type="checkbox"/> Professional State of Incorporation: _____ Date: _____
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Domestic <input type="checkbox"/> Foreign <i>If Foreign, please Specify:</i> State of Incorporation: _____ Date: _____
4. Name of Entity:	1 st Choice _____ 2 nd Choice _____ 3 rd Choice _____ 4 th Choice _____ Reserve Entity Name Prior to Formation: <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Assumed Business Name/DBA:	_____ <i>Only fill out if you are planning to conduct business using a different name instead of Entity Name.</i>
6. Principal Business Activity:	_____
7. Principal Business Address and Phone Number:	Business Address: _____ City: _____ State: _____ Zip: _____ Phone Number: _____
8. Name and Address of Registered Agent for Service of Process:	Individual Attorney Corporate Agency Name: _____ Business Address: _____ City: _____ State: _____ Zip: _____

II. CORPORATION BACKGROUND INFORMATION

9. Authorized Shares:	Common Stock: _____ Preferred Stock: <input type="checkbox"/> Yes* <input type="checkbox"/> No <i>* If yes, Specify:</i> Authorized Number: _____ <input type="checkbox"/> Blank Check <input type="checkbox"/> Series A** <i>** Attach any specific terms and conditions for Series A Preferred Stock</i>
10. Names and Titles of Officers: * <i>* Can be same Person. Also include attachment if additional officers.</i>	_____ _____ _____ <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"></div> <div style="width: 35%;"> President and/or Chief Executive Officer Chief Financial Officer or Treasurer Secretary </div> </div>

LEGAL DOCUMENT SOLUTIONS

II. CORPORATION BACKGROUND INFORMATION (Cont'd)	
11. Number, names and Addresses of Initial Board of Directors:* <i>* Include attachment if additional directors</i>	Number of Directors: _____ <input type="checkbox"/> Fixed Number <input type="checkbox"/> Variable Number Name: _____ Address: _____ Name: _____ Address: _____ Name: _____ Address: _____
12 Stock Issuance:* <i>* Include attachment if additional issues</i>	Name of Issuee: _____ Number of Shares: _____ Type of Stock: <input type="checkbox"/> Common Stock <input type="checkbox"/> Preferred Stock Consideration Amount: \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Property* <input type="checkbox"/> Both Name of Issuee: _____ Number of Shares: _____ Type of Stock: <input type="checkbox"/> Common Stock <input type="checkbox"/> Preferred Stock Consideration Amount: \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Property* <input type="checkbox"/> Both Name of Issuee: _____ Number of Shares: _____ Type of Stock: <input type="checkbox"/> Common Stock <input type="checkbox"/> Preferred Stock Consideration Amount: \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Property* <input type="checkbox"/> Both *Description of Property: _____ Stock Transfer Restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>* Attach any nonstandard, specific terms and conditions for Founders Stock Agreement</i>
13. Founder Stock Agreements:	Will you need prepared? <input type="checkbox"/> Yes* <input type="checkbox"/> No <i>* Attach any nonstandard, specific terms and conditions for Founders Stock Agreement</i>
14. Accounting Year/Method:	<input type="checkbox"/> Calendar <input type="checkbox"/> Accrual <input type="checkbox"/> Cash <input type="checkbox"/> Other (Specify): _____
15. Fiscal Year End:	<input type="checkbox"/> Calendar (e.g., December 31 st) <input type="checkbox"/> Specify: _____, 20____
16. Minute Book:	<input type="checkbox"/> Special Order (Seal Included) <input type="checkbox"/> Black Binder
17. Bank Depository:	Name: _____ Branch Address: _____ _____ Authorized Signatories: _____
18. Retrieve a Federal Tax I.D. Number?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide:</i> Mailing Address (if different than above): _____ First date wages will be paid to employees: _____ Type of Customer: <input type="checkbox"/> Business (<i>Wholesale</i>) <input type="checkbox"/> General Public (<i>Retail</i>) <input type="checkbox"/> Other: (Specify): _____ <input type="checkbox"/> N/A
19. Retrieve a State Tax I.D. Number?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide:</i> Total Number of Employees: _____ First date wages will be paid to employees: _____ Approximate total number of employees anticipated in next 12 months: _____

LEGAL DOCUMENT SOLUTIONS

II. CORPORATION BACKGROUND INFORMATION (Cont'd)	
20. Will You Require Any Special Permits, Registrations or Licenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please specify:</i> _____ _____
21. Lease of Office Space or entering into any Agreements with Individuals or Other Entities Which Require Board Approval?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide:</i> Landlord's Name and Address: _____ _____ Office Lease principal terms and conditions: _____ _____ Agreement principal terms and conditions: _____ _____
Foreign Corporations:	Order Good Standing Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No Will engage in Practice of: <input type="checkbox"/> Accountancy <input type="checkbox"/> Law Corporate Name <i>(if different than above):</i> _____ Office Address for use in _____ Qualification State: _____ Name and Title of Signing Officer: _____ _____
Limited Liability Company (LLC)	LLC Managed By: <input type="checkbox"/> One Manager <input type="checkbox"/> More than One Manager <input type="checkbox"/> All Limited Liability Company Member(s) If Foreign LLC: Order Good Standing Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No Proposed LLC Name <i>(if different than above):</i> _____ Office Address for use in _____ Qualification State: _____ Name and Title of Authorized Signatory: _____ _____
VI. ADDITIONAL COMMENTS OR INFORMATION	
<p><i>Specify any additional terms/comments:</i></p> _____	