

PARTNERSHIP FORMATION QUESTIONNAIRE

NAME: _____ REQUEST DATE: _____	
PHONE: _____ EMAIL: _____ DATE NEEDED: _____	
I. PARTNERSHIP TYPE (ALL ENTITY TYPES)	
Partnership	<input type="checkbox"/> General (GP) <input type="checkbox"/> Limited Partnership (LP) <i>*Please Specify:</i> <input type="checkbox"/> Domestic <input type="checkbox"/> Foreign <i>If Foreign, please include:</i> State of Incorporation: _____ Date: _____ <input type="checkbox"/> Limited Liability Partnership (LLP) <i>*Please Specify:</i> <input type="checkbox"/> Domestic <input type="checkbox"/> Foreign <i>If Foreign, please include:</i> State of Incorporation: _____ Date: _____
1. State of Formation:	_____
2. Partnership Name:	1 st Choice _____ 2 nd Choice _____ 3 rd Choice _____ Reserve Entity Name Prior to Formation: <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Assumed Business Name/DBA:	_____ <i>Only fill out if you are planning to conduct business using a different name instead of Entity Name.</i>
4. Principal Business Activity:	_____
5. Principal Business Address and Phone Number:	Business Address: _____ City: _____ State: _____ Zip: _____ Phone Number: _____
6. Name and Address of Registered Agent for Service of Process:	<input type="checkbox"/> Individual <input type="checkbox"/> Attorney <input type="checkbox"/> Corporate Agency Name: _____ Business Address: _____ City: _____ State: _____ Zip: _____
7. Name and Number of Partners:	Number of Partners: _____ Name: _____ Address: _____ _____ Name: _____ Address: _____ _____ Name: _____ Address: _____ _____

II. INFORMATION SPECIFIC TO PARTNERSHIP TYPE

<p>General Partnership (GP)</p>	<p>List Partners Authorized to Transfer Real Property Held in Partnership Name:</p> <p>Partner Name: _____ Partner Name: _____</p> <p>Partner Name: _____ Partner Name: _____</p> <p>Prepare GP Agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide:</i></p> <p>Principal terms and conditions: _____</p> <p>_____</p> <p>_____</p> <p>Name of Authorizing Signing Partner: _____</p>
<p>Foreign Limited Partnership</p>	<p>Order Good Standing Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Proposed LP Name <i>(if different than above)</i>: _____</p> <p>Headquarters Address <i>(if different than above)</i>: _____</p> <p>_____</p> <p>Office Address for use in Registration State _____</p> <p>_____</p> <p>Is LP a Foreign Limited Liability Partnership? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name of Signing General Partner: _____</p>
<p>Limited Liability Partnership (LLP)</p>	<p>LLP will engage in:</p> <p><input type="checkbox"/> Practice of Architecture <input type="checkbox"/> Practice of Law</p> <p><input type="checkbox"/> Practice of Public Accountancy <input type="checkbox"/> Specify: _____</p> <p>Name of Authorized Signing Partner/Person: _____</p>
<p>III. ADDITIONAL COMMENTS OR INFORMATION</p>	
<p><i>Specify any additional terms/comments:</i></p> <p>_____</p>	