



InfotaxSquare  **com** [®]

Incorporate. LLC. Income Taxes. Business Taxes



Online Live Customer Support
Available 24/7

TOLL FREE
1-866-754-4460

FAX:
718-732-2471

FORM LLC – CREATE A LIMITED LIABILITY COMPANY

PLEASE NOTE: The States of Pennsylvania, Georgia, Arizona, Nebraska and New York law requires a Corporation / LLC to publish a notice of filing of articles of incorporation in the local Newspaper where entity is located. Our packages does not include publication fees, Infotaxsquare.com representative will call you to discuss the publication pricing.

Select The State:

BUSINESS OVERVIEW

Enter The EXACT Company name which will be your first preference and two alternate corporate names below. Our staff will research your corporation's name availability according to your order of preference.

Type of Entity:

Company Name:

Alternative Name1:

Alternative Name2:

Address:

City:

State:

Zip:

County:

Business Description:

CONTACT INFORMATION (This is where we will ship your documents)

First, Last Name:

Address:

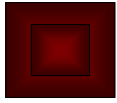
City, State, Zip:

Telephone Number:

() -

Fax Number (if any):

() -



OWNER INFORMATION

The Owner's of an LLC are called "Members. You may enter the members (owners) of your company below. However, members can be deleted or added at a later date, as ownership can be determined after your company has been approved by the State. Also, it is not necessary to enter percentage of ownership here.

LLC MEMBER 1

Full Name: _____

Social Security Number: _____ (999-99-9999)

Residence Address: _____

City, State, Zip: _____

LLC MEMBER 2

Full Name: _____

Social Security Number: _____ (999-99-9999)

Residence Address: _____

City, State, Zip: _____

LLC MEMBER 3

Full Name: _____

Social Security Number: _____ (999-99-9999)

Residence Address: _____

City, State, Zip: _____

LLC STRUCTURE

Will your LLC be "Member Managed" or "Manager Managed"?
Will your LLC be an "At-will" company or a "Term" company?

(if "Term", describe the termination event or date): _____

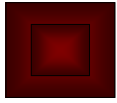
REGISTERED AGENT INFORMATION

As you did not select Registered Agent on the previous page, so please enter the name and address of the person who will serve as the Registered Agent.

First, Last Name: _____

Address: _____

City, State, Zip: _____



ORDER INFORMATION (For Pricing click here)

State Fees:	
Standard Shipping Fee:	
Corporate Kit Fee:	
Employer ID Number Fee:	
State Expedite Fee:	
Resident Agent Fee:	
Sales Tax ID Number Fee:	
Publication Fee:	
Basic Package Fee:	
Total	

CARDHOLDER INFORMATION

Check (payable to INFOTAX SQUARE): Mail to: 109-13 Centerville Street, Suite 3R, Ozone Park, NY 11417
CREDIT CARD: This authorizes Infotax Square to charge my credit card for filing Certificate of Incorporation.



Card Type: Visa Master Card American Express Discover

First Last Name: _____

Billing Address: _____ City, State, Zip _____

Phone, Fax: _____

Card Number: _____ Expiration Date: _____

General Comments / Instructions:

TERMS OF USE AGREEMENT & DISCLAIMER (Click Here For Online)

The undersigned hereby represents and warrant that he/she duly authorizes Infotax Square to charge his/her credit card for the above services rendered.

Name / Signature

Official Use Only - Prepared by: _____

You can mail the form at:
Infotax Square
109-13 Centerville Street, Suite 3R
Ozone Park, NY 11417
Fax at: 718-732-2471

***Important: Please save the form before submitting**