

## Limited Liability Partnership (LLP/LP)

Limited Liability Partner is not Applicable in these states : Arizona, Georgia, New Mexico, Ohio, Oklahoma, Texas

Limited Partner is not Applicable in these states : Arizona, Louisiana, Maryland, Missouri, New Mexico.

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 LLP/LP are called 'Partners'. You may enter the partners (owners) of your company below. However, partner can be deleted or added at a later date, as ownership can be determined after your company has been approved by the State.

PARTNER 1

Full Name:

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Social Security Number:

---

(999-99-9999)

Residence Address:

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City, State, Zip:

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PARTNER 2

Full Name:

---

Social Security Number:

---

(999-99-9999)

Residence Address:

---

City, State, Zip:

---

PARTNER 3

Full Name:

---

Social Security Number:

---

(999-99-9999)

Residence Address:

---

City, State, Zip:

---

REGISTERED AGENT INFORMATION

First, Last Name:

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Address:

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City, State, Zip:

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ORDER INFORMATION ( For Pricing <https://www.infotaxsquare.com/forms/order-init.php> )

<input type="radio"/> State Fees:	
<input type="radio"/> Standard Shipping Fee:	
<input type="radio"/> Corporate Kit Fee:	
<input type="radio"/> Employer ID Number Fee:	
<input type="radio"/> State Expedite Fee:	
<input type="radio"/> Resident Agent Fee:	
<input type="radio"/> Sales Tax ID Number Fee:	
<input type="radio"/> Publication Fee:	
<input type="radio"/> Basic Package Fee:	
Total	

CARDHOLDER INFORMATION

Check (payable to INFOTAX SQUARE): Our Mailing Address <http://infotaxsquare.com/contact.html>

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: \_\_\_\_\_

Country: \_\_\_\_\_



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.

Free Consultation  
+1 (866)754 4460

\_\_\_\_\_  
Name / Signature

Official Use Only Prepared by: \_\_\_\_\_

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