



CORPORATE QUESTIONNAIRE

Today's Date: _____

NAME OF BUSINESS ENTITY: Please choose three names for your entity, in order of preference

1. _____
2. _____
3. _____

Choose the type of business entity you would like for us to file:

___ Florida Limited Liability Company

___ Incorporation for a Florida Profit Corporation

 ___ S-Corp or ___ C-Corp

 How many shares will there be? ___ Par value _____

___ Incorporation for a Florida Non-Profit Corporation

___ Florida Limited Partnership

What type of business? _____

What type of goods sold, or services provided? _____

ADDRESS

Please provide the physical address as well as the mailing address for the corporation.

Physical (Florida) Address: _____

Mailing Address: _____

Contact Person/Responsible Party _____

Contact's Social Security Number (for issuance of Tax ID Number) _____

Contact's Phone Number(s) _____

Contact's Email Address _____

Contact referred by _____



TITLES FOR MEMBERS/OFFICERS/DIRECTORS

LLC: MGR = Manager
AMBR = Authorized Member
MEMB = Member

Corporation: P = President
VP = Vice President
S = SECRETARY
T = TREASURER
D = DIRECTOR

PARTIES

Please include a list of names and addresses of any and all parties involved in the business entity including but not limited to Shareholders, Members, Officers, Directors, Managers, President, Vice President, etc.

Name: _____

Title: _____

Address: _____

Name: _____

Title: _____

Address: _____

Name: _____

Title: _____

Address: _____

Name: _____

Title: _____

Address: _____
