



Christy K. Brown Moton, J.D.

Attorney at Law

5850 San Felipe Street, Suite 500

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LLC Formation Questionnaire

Instructions: Please complete the following Questionnaire to the best of your ability and knowledge. All information contained within will be held in strict confidence. It is especially important that names are spelled correctly and that the information provided is accurate. If you are unable to include all of the given information within the allotted space, please provide additional pages to ensure that all your goals and objectives are reflected.

The purpose of this questionnaire is to provide a wide range of information about you and your business to ensure that you are properly advised regarding your business structure and agreements.

If a question does not apply to your situation, you may insert N/A or simply skip over to the next question. Please attach the completed questionnaire and email it to christy@motonlaw.com and/or bring to the client meeting. Should you have any questions while filling out the questionnaire, please contact my office at (713) 554-4975.

Date:

Client Business Legal Name:

Assumed Name (if applicable):

CONTACT INFORMATION

Telephone No.:

Alt. Telephone No.:

Fax No.:

E-mail address:

Mailing Address:

PRELIMINARY INFORMATION

Contact person#1 and title:

Contact person#2 and title:



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Business or practice

Type:

Purpose:

Commencement Date:

Jurisdiction (State) of Formation:

Assumed name certificate on file: () Yes () No

If so, which county/counties where assumed name is filed:

Employer Identification Number (EIN):

FILING INFORMATION

Organizer's name:

Telephone No.:

Fax No.:

E-mail address:

Mailing Address:

Organizer's name:

Telephone No.:

Fax No.:

E-mail address:

Mailing Address:

Registered Agent's name:

Telephone No.:

Fax No.:

E-mail address:

Mailing Address:

Period of duration: () Perpetual () Other



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Company's purposes

General-purpose clause:

Specific purpose clause:

If already filed, list the date certificate of formation was filed with secretary of state:

MEMBERS OF THE LIMITED LIABILITY COMPANY (LLC) INFORMATION

Membership Interests

Classes of interests: () Yes () No

If yes, other rights and preferences:

Original members:

Name:

Telephone No.:

Fax No.:

E-mail address:

Mailing Address:

Initial Capital Contribution:

Commitment:

Initial Sharing Ratio:

Name:

Telephone No.:

Fax No.:

E-mail address:

Mailing Address:

Initial Capital Contribution:

Commitment:

Initial Sharing Ratio:

Name:

Telephone No.:

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Initial Capital Contribution:
Commitment:
Initial Sharing Ratio:

MANAGEMENT STRUCTURE

Will/does the company's management structure includes managers? () Yes () No

Number of managers:
Term of managers:
Qualifications for serving:
Compensation:
Quorum requirement for manager's meetings:

Manager's name:
Telephone No.:
Fax No.:
E-mail address:
Mailing Address:

Manager's name:
Telephone No.:
Fax No.:
E-mail address:
Mailing Address:

Manager's name:
Telephone No.:
Fax No.:
E-mail address:
Mailing Address:



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OPERATIONS INFORMATION

Principal place of business:

Business: () own () lease* () assignment of lease*

**NOTE: If lease or assignment of lease, please bring a copy to the client meeting.*

FINANCIAL INFORMATION & ADVISORS

Name of accountant:
Telephone No.:
Fax No.:
E-mail address:
Mailing Address:

Name of insurance agent:
Telephone No.:
Fax No.:
E-mail address:
Mailing Address:

Name of financial consultant:
Telephone No.:
Fax No.:
E-mail address:
Mailing Address:

Name and address where bank account(s) are/will be located:

Name of Bank
Address:
Telephone No.:
Fax No.:



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E-mail address:

Bank Officer:

Name of persons authorized to draw checks or make loans:

Name and address where bank account(s) are/will be located:

Name of Bank

Address:

Telephone No.:

Fax No.:

E-mail address:

Bank Officer:

Name of persons authorized to draw checks or make loans:

Fiscal or calendar year:

List prior financial or legal advisors below:

Name:

Type of Advising:

Telephone No.:

Fax No.:

E-mail address:

Mailing Address:

Name:

Type of Advising:

Telephone No.:

Fax No.:

E-mail address:

Mailing Address:

Name:

Type of Advising:

Telephone No.:

Fax No.:

E-mail address:

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 Type of Advising:
 Telephone No.:
 Fax No.:
 E-mail address:
 Mailing Address:

BENEFITS

Review the benefits below. Check “yes” for benefits that the company currently provides or is seeking to provide.

Health Insurance Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No
Life Insurance Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No
Retirement (401(k), etc..)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employment or Management Agreements	<input type="checkbox"/> Yes <input type="checkbox"/> No
Compensation Agreements	<input type="checkbox"/> Yes <input type="checkbox"/> No
Expense Reimbursement Agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No
Restrictive Covenants (Non-compete/disclosure)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Buy-Sell Agreements	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stock (Equity) Transfer Restrictions	<input type="checkbox"/> Yes <input type="checkbox"/> No

OTHER PERTINENT INFORMATION

If you have other details not already listed or explained in this Questionnaire, please include below.
 [Examples- you have other business ownership interests; particular family situation that I should know about; you are married, separated, or widowed; you have or an heir/beneficiary of yours has significant debts and/or liens]



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CERTIFICATION

I, (print your name) _____, hereby represent to Moton Law Firm PLLC that the information contained in this questionnaire is accurate and complete, and that the undersigned understands that the law firm will rely on this information. If the information contained herein is inaccurate or incomplete, the recommendations made by Moton Law Firm PLLC may not be appropriate.

Signature and Title

Date

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Signature and Title

Date

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Date