

**HBM**  
**HILMOE BERTIER MARRERO**

Securing Your Future

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**Corporation Formation Questionnaire**

1. Which state(s) would you like to incorporate in? \_\_\_\_\_

2. Proposed Name of Corporation: \_\_\_\_\_

If the above name is unavailable, list two additional names in the order of preference.

a. \_\_\_\_\_

b. \_\_\_\_\_

3. Doing Business As (if applicable): \_\_\_\_\_

4. Principal Business Address: \_\_\_\_\_

5. Mailing Address: \_\_\_\_\_

Same as Business Address

6. Telephone & Fax: \_\_\_\_\_

7. Email: \_\_\_\_\_

8. Tate Hilmoie of Hilmoie, Bertier & Marrero, LLP and/or its successor will automatically be elected as your agent for service of process for a fee of \$25 per month unless you provide other agent information below.

*(Hilmoie, Bertier & Marrero, LLP acts as your agent for service of process as well as take care of your annual corporate minutes. Your corporation must hold meetings annually and keep records of all decisions. Failing to do so may result in the IRS taking away your liability protection. Our agent service does most of the work for you for a monthly fee of \$25. A credit card is required for this service.)*

IF NO:

9. Agent's Name & Street Address: \_\_\_\_\_

10. Describe the Corporation's type of business: \_\_\_\_\_

11. Full names and address of shareholders and their proportionate interest in the corporation.

Name	Percentage or Number of Shares	Capital Contribution

12. Please list names and complete addresses of all officers and their titles:

*(One person can hold all positions)*

	Name	Address
President		
Vice President (Optional)		
Secretary		
Treasury		

13. S-Corporation election? YES  NO

14. How many shares is the Corporation authorized to issue? \_\_\_\_\_

15. Would you like us to obtain an Employer ID number for the Corporation? YES  NO

If YES:

Will the principal officer of the Corporation be an:

Individual  Existing Business

- A. If you answered “Individual” for Questions 15, please provide the following information for the principal officer:

Name	
Address	
Phone Number	
Social Security Number	

- B. If you answered “Existing Business” for Question 12, please provide the following information:

Name of Existing Business	
Employer ID Number ( <i>EIN</i> )	

16. Do you plan on having employees? YES  NO

17. Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.

\_\_\_\_\_

What steps do I take next?

1. E-mail your completed questionnaire to [t.hilmoe@hbmlawgroup.com](mailto:t.hilmoe@hbmlawgroup.com).
2. We’ll send you our payment form and agreement.
3. E-mail or fax the payment form and agreement back to us.
4. We’ll email you as soon as your Corporation is filed and will send you a copy in the mail.

Where would you like your document sent?

Check here if same as principal business address:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_