QUALITY ESTATE DESIGN
CALAVERAS COUNTY: LDA 05-LDA-013
PO BOX 892
WEST POINT, CA, 95255

LIMITED LIABILITY COMPANY/S-CORP CLIENT APPLICATION

PART I – PRIMARY ORGANIZER:

Name: _____

Position / Title: _____ **SSN:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Cell Phone: _____ **Business Phone**: _____

PART II – REGISTERED AGENT FOR SERVICE:

Name: _____

Position / Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Business Phone: **_____**

PART III - PROPOSED NEW BUSINESS NAME & ADDRESS:

Legal Name Choice 1: _____

Legal Name Choice 2: _____

Legal Name Choice 3: _____

Name Cleared SOS: _____Yes / Date Cleared: _____ / _____ No

Date Name Cleared: _____ Articles **Filed: _____Yes _____No**

Physical Business Address: _____

City: _____ State: _____ Zip: _____

Tax ID Number Issued: _____ Yes _____ No / EIN: _____

MAILING ADDRESS (if different than ***"Physical Business Address"*** above):

Mailing Address: _____

City: _____ State: _____ Zip: _____

PART IV – NEW LLC/SCORP GENERAL BUSINESS OVERVIEW:

This new LLC/SCORP commenced business operations on: _____/_____/ _____

Under the DBA of: _____;

Or the following shall occur…….

This new LLC/SCORP plans to begin operations on: _____.

The primary activities and purpose of the new LLC/SCORP can be described as follows:

_____
_____
_____
_____
_____.

BANK NAME: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

ACCOUNTANT NAME: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

PERIOD OF DURATION (Check only one answer here):

_____ **The LLC/SCORP's existence shall continue until the following date:**

_____/_____/_____;

_____ The LLC/SCORP shall operate until the maximum statutory period of time allowed by state law has expired.

PART V – MEMBERS/SHAREHOLDERS (owners and the percentage of ownership to be held):

First **Member's Name:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Preferred Phone: _____ **Alternate Phone:** _____

Percentage of ownership of LLC/SCORP: _____

Amount of Capital Contribution: _____

LLC/SCORP Manager – Yes _____ **No** _____

Second **Member's Name:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Preferred Phone: _____ **Alternate Phone:** _____

Percentage of ownership of LLC/SCORP: _____

Amount of Capital Contribution: _____

LLC/SCORP Manager – Yes _____ **No** _____

Third **Member's Name:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Preferred Phone: _____ **Alternate Phone:** _____

Percentage of ownership of LLC/SCORP: _____

Amount of Capital Contribution: _____

Fourth **Member's Name: _____**

Mailing Address: _____

Preferred Phone: _____ Alternate Phone: _____

Percentage of ownership of LLC/SCORP: _____

Amount of Capital Contribution: _____

LLC/SCORP Manager – Yes _____ No _____

Member listing continued on next page……

Fifth **Member's Name: _____**

Mailing Address: _____

Preferred Phone: _____ Alternate Phone: _____

Percentage of ownership of LLC/SCORP: _____

Amount of Capital Contribution: _____

LLC/SCORP Manager – Yes _____ No _____

Sixth **Member's Name: _____**

Mailing Address: _____

City: _____ State: _____ Zip: _____

Preferred Phone: _____ Alternate Phone: _____

Percentage of ownership of LLC/SCORP: _____

Amount of Capital Contribution: _____

LLC/SCORP Manager – Yes _____ No _____

Seventh **Member's Name: _____**

Mailing Address: _____

City: _____ State: _____ Zip: _____

Preferred Phone: _____ Alternate Phone: _____

Percentage of ownership of LLC/SCORP: _____

Amount of Capital Contribution: _____

LLC/SCORP Manager – Yes _____ No _____

Additional Notes:

_____
_____
_____
_____
_____

PART VI – LLC/SCORP MANAGEMENT (please check ***ONLY*** choices that apply below)

_____ ***All members/shareholders*** listed above will manage and control the LLC/SCORP.

_____ ***Only the Members/shareholders*** named below shall serve as designated managers.

TITLE

First Member / Manager: _____,_____

Second Member / Manager: _____,_____

Third Member / Manager: _____,_____
Fourth Member / Manager: _____,_____

Fifth Member / Manager: _____,_____

Sixth Member / Manager: _____,_____

Seventh Member / Manager: _____,_____

_____ The following ***Non-Members/shareholders*** shall serve as the LLC/SCORP Manager(s)

First Non-Member Manager: _____

Second Non-Member Manager: _____

Third Non-Member Manager: _____

Fourth Non-Member Manager: _____

Fifth Non-Member Manager: _____

Sixth Non-Member Manager: _____

Seventh Non-Member Manager: _____

(All other Member / Managers MUST be stated on an additional page)

PART VII - OFFICERS:

The following person(s) shall be elected to fill the respective office(s):

President - CEO:_____

_____ Member or _____ Non-Member

Executive Vice President / COO_____

_____ Member or _____ Non-Member

Secretary: _____

_____ Member or _____ Non-Member

Treasurer - CFO: _____

PART VIII - TAX MATTERS:

The designated member who will be responsible for tax matters within the company is:

Name: _____

Member: _____ Yes _____ No

Manager: _____Yes _____ No

Officer: _____Yes _____ No / If "Yes" then Title: _____

Preferred Phone*: _____ Alternate Phone*: _____

PART IX - VOTING:

Members/shareholders shall be entitled to vote based upon the following:

a. Percentage or number of capital units owned: _____ Yes _____ No

b. *Regular* matters that require a vote of the members/shareholders shall be approved by

_____ majority vote, or _____ unanimous vote.

A(n) *unanimous* vote of the members/shareholders is required in order to authorize the following acts (list all acts that require a unanimous vote to approve)**:**

_____

_____

_____

_____

_____

_____

_____

A(n) *unanimous* vote of the members/shareholders is required in order to authorize

expenditures, incur debt or enter into leases or contracts that exceed the

amount of $_____or a term exceeding _____days.

PART X - MEETINGS:

Meetings of the members/shareholders of the LLC/SCORP will be held at its principal place of business unless otherized by a ***majority vote*** of the Members/shareholders and in accordance with the California Corporations Code.

_____ **Yes** _____ **No**

Notification of regularly scheduled Member meetings shall be made in strict accordance with the California Corporations Code.

_____ **Yes** _____ **No**

Notification of ***special*** Member meetings shall be made in strict accordance with the California Corporations Code.

_____ **Yes** _____ **No**

PART XI - PROFIT ALLOCATION:

Net income or net loss of the LLC/SCORP will be allocated to the members/shareholders in proportion to their ownership of the LLC/SCORP.

_____ **Yes** _____ **No**

PART XII - GEOGRAPHICAL AREA OF BUSINESS OPERATIONS:

The business will conduct its operations in the following geographical area:

_____

PART XIII - FRINGE BENEFITS:

The owners are interested in establishing additional “fringe benefits” for Officers, Managers and employees:
_____ **Yes** _____ **No**
Desired benefits would be in the following areas:

_____ Pension Plan

_____ College Funding

_____ Group Life Insurance

_____ Group Health Insurance

_____ Group Dental & Vision

_____ Maternity / Family Sick Leave

_____ Critical Illness Coverage

_____ Personal Reserve Accounts

I / We, the undersigned individual(s), hereby attest that the information provided herein is true and accurate to the best of our / my knowledge and belief.

I / We, further understand that our requested business entity shall be established strictly based upon the information contained herein.

I / We, understand that the person completing this “workbook” is not a member of the California Bar Association and therefore cannot provide legal or tax advice to me / us, unless specifically licensed to provide such information.

Dated:_____ By: _____ Client

Dated:_____ By: _____ Client

Dated:_____ By: _____ Client

Dated:_____ By: _____ Client

Dated:_____ By: _____ Client

Dated:_____ By: _____ Client

Dated:_____ By: _____ Client

Dated:_____ By: _____QED Representative