

LIMITED LIABILITY COMPANY (LLC) INTAKE FORM

LLC INFORMATION

LLC Name: _____

Alternate Name: _____

Are you forming multiple LLCs? (Check One): No Yes

LLC Address (No P.O. Box): _____

City: _____ ST: _____ Zip: _____ County: _____ Do

you wish to designate Law Office of Harry Warden as Registered Agent of your LLC?

(This service is provided at a cost of \$___/year) (Check One): No Yes

If you checked "NO" to the above question, please provide the name, address, and phone number of the
Registered Agent: _____

The LLC will be (Check One): Manager Managed Member Managed

Choose how many votes the LLC will require to decide the following:

Amending the LLC Agreement: All A Majority 2/3 Vote 3/4 Vote

Admitting new LLC Members: All A Majority 2/3 Vote 3/4 Vote

Transacting Unordinary Business: All A Majority 2/3 Vote 3/4 Vote

Will profits/losses of the LLC be allocated by ownership interests? No Yes

MANAGER AND MEMBER INFORMATION

Manager Name: _____

Manager Address: _____

City: _____ ST: _____ Zip: _____ County: _____

Will the Manager also be a Member? (Check One): No Yes

LLC Tax Status? If know at this time (Check One):

Disregarded C-Corporation S-Corporation Partnership

*List all Members. Continue on separate sheet, if needed.

HW^{LAW} OFFICE

1014 West Third Street
Little Rock, AR 72201

Member #1

Full Legal Name: _____

Address: _____

City: _____ ST: _____ Zip: _____ County: _____

Phone Number: _____ Email: _____

SS#: _____ Ownership %: _____

(Check One if Applicable): President Secretary

Authorized to draw on bank accounts? (Check One): No Yes

Member #2

Full Legal Name: _____

Address: _____

City: _____ ST: _____ Zip: _____ County: _____

Phone Number: _____ Email: _____

SS#: _____ Ownership %: _____

(Check One if Applicable): President Secretary

Authorized to draw on bank accounts? (Check One): No Yes

Member #3

Full Legal Name: _____

Address: _____

City: _____ ST: _____ Zip: _____ County: _____

Phone Number: _____ Email: _____

SS#: _____ Ownership %: _____

(Check One if Applicable): President Secretary

Authorized to draw on bank accounts? (Check One): No Yes

Member #4

Full Legal Name: _____

Address: _____

City: _____ ST: _____ Zip: _____ County: _____

Phone Number: _____ Email: _____

HW^{LAW}
OFFICE

1014 West Third Street
Little Rock, AR 72201

SS#: _____ Ownership %: _____

(Check One if Applicable): _____ President _____ Secretary

Authorized to draw on bank accounts? (Check One): _____ No _____ Yes

PURPOSE OF LLC

The LLC will be used to hold (Check One):

_____ Real Estate _____ Trading Account _____ Other

If you checked "Other" to the above question, please briefly describe the purpose and type of business of the LLC: _____

Will this LLC be assigned an interest in a Trust? (Check One): _____ No _____ Yes

Is this LLC for transporting/using for transport vehicles over 55 tons? (Check One): _____ No _____ Yes

Is this LLC a Non-Profit? (Check One): _____ No _____ Yes

Is this LLC for a professional service? (Check One): _____ No _____ Yes

If you checked "YES" to the above question, describe the type of professional service: _____
