

BUSINESS FORMATION WORKSHEETS

Name of Corporation	
Principal Office	Street Address & City _____ County & Zip Code _____
Initial Agent for Service of Process	Name & Street Address _____ City & Zip Code _____
Total Authorized Shares	_____ Number of Shares <input type="checkbox"/> One Class <input type="checkbox"/> Other
Annual Meeting of Shareholders	_____ day of _____, at _____ o'clock <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Number of Authorized Directors (include vacancies)	<input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Other; specify _____
Names of First Directors to be Elected	_____ _____ _____
Names of First Officers to be Elected	President _____ Vice President _____ Secretary _____ Treasurer _____
Date Anticipated for First Meeting of First Directors	Date _____ Time _____ Location _____
Corporation Fiscal Year	Date Year Begins _____ Date Year Ends _____
Location of Corporate Bank Account	Bank Name _____ Street Address _____ City, State & Zip Code _____
Bank Account Signatories	<input type="checkbox"/> President <input type="checkbox"/> Vice President <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer Checks require: <input type="checkbox"/> One signature <input type="checkbox"/> Two signatures
Authorization to Execute Contracts	<input type="checkbox"/> President <input type="checkbox"/> Vice President <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer

Name of LLC	
Principal Office	_____ Street Address & City _____ County & Zip Code
Initial Agent for Service of Process	_____ Name & Street Address _____ City & Zip Code
Member/Manager Operated	<input type="checkbox"/> One Member <input type="checkbox"/> All Members <input type="checkbox"/> One Manager <input type="checkbox"/> All Managers
Annual Meeting	____ day of _____, at ____ o'clock <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Number of Authorized Directors (include vacancies)	<input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Other; specify _____
Names of Members/Managers	_____ _____ _____
Date Anticipated for First Meeting	Date _____ Time _____ Location _____
Corporation Fiscal Year	Date Year Begins _____ Date Year Ends _____
Location of Bank Account	Bank Name _____ _____ Street Address _____ City, State & Zip Code
Bank Account Signatories	
Authorization to Execute Contracts	