

BUSINESS ENTERPRISES QUESTIONNAIRE FOR CORPORATIONS AND LLCs

Type of Entity: General, for profit Corporation: C Corporation S Corporation
Non-Profit: 501(c)(3) Public Benefit 501(c)(3) Religious 501(c)(3) Mutual Benefit
LLC: Member Managed Management Managed

Entity Name (Proposed) _____ DBA: _____

- A general corporation cannot use the words "Bank", "Trust", "Trustee", "Finance," or related words in its name, and must include one of the following corporate designators in its corporate name: "Inc," "Corp," "Incorporated " or "Corporation."
- A nonprofit corporation does not have to include a corporate designator in its name.
- LLCs cannot use the words "Bank," "Insurance," "Trust," "Trustee," "Incorporated," "Corporation," or use the abbreviations "Inc" or "Corp" in its name. An LLC must include one of the following designators in its name: "L.L.C." "Ltd. Liability Company," or "Limited Liability Company"

Name Reserved Yes Reservation No.: _____ No Needs Rush Filing*? Yes No

*Average processing in time to file documents via mail with the Secretary of State in California is 7 to 10 weeks. Rush walk-in service is available for an additional fee.

State of Organization _____ Date of Formation _____ Articles/Charter No. _____

Principal Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____

REGISTERED AGENT FOR SERVICE OF PROCES:

- CANNOT be another company or corporation.
- MUST be a living adult.
- MUST maintain a physical address within the state of California.
- MUST complete the information below.

Name _____ Address _____

City _____ County _____ State _____ Zip _____

Daytime Phone _____ Evening Phone _____

BUSINESS ORGANIZATIONAL PURPOSE: (Nonprofit corporations must include detailed Statement of Purpose – use separate sheet, if necessary)

Annual Meeting Date 2nd Tue in March Other _____

Fiscal Tax Year End: December 31st Other: _____ Accounting Method: Cash Accrual

FOR LIMITED LIABILITY COMPANIES ONLY:

If LLC, final capital pay-in date: December 31, 20____ _____

Notice for Member withdrawal: 30 days 0 _____

Membership Vote for Allocations: Unanimous Per Capita Majority Majority of the Profits Interests
 Majority of the Capital Interests Majority of Profits and Capital Interests

➤ Please also complete Member's capital contribution section under LLC MEMBERS section, Page 3

FOR GENERAL OR S CORPORATIONS ONLY:

Authorized Shares of Stock : 1,500* _____ Par Value: \$.01 _____

*This figure represents the total number of shares that your corporation is AUTHORIZED to issue. Your corporation is not required to issue ALL of the authorized shares. A small number of Authorized Shares may restrict your corporation's ability to distribute ownership. A large number of Authorized Shares could negatively impact a corporation's tax liability. The default value provided herein indicates the combination of authorized shares and par value that is acceptable in California while still qualifying for the minimum filing fees.

S-CORPORATION ELECTION: NO (skip Stockholder section) YES (complete Stockholder section)

STOCKHOLDERS: All officers All Directors All Officers/Directors

(You do not need to complete the information below if one of the boxes above is checked as this information will be provided elsewhere in this questionnaire)

#1	_____	_____	_____
	Name	Address	Social Security #
#2	_____	_____	_____
	Name	Address	Social Security #
#3	_____	_____	_____
	Name	Address	Social Security #
#4	_____	_____	_____
	Name	Address	Social Security #
#5	_____	_____	_____
	Name	Address	Social Security #

OFFICERS (ALL BUSINESS ENTITIES)

President:

Name: _____
Address: _____
City _____ State ____ Zip _____
Phone: _____ Fax _____
Email: _____
Social Security No. _____

Vice-President **Chair**

Name: _____
Address: _____
City _____ State ____ Zip _____
Phone: _____ Fax _____
Email: _____
Social Security No. _____

Secretary:

Name: _____
Address: _____
City _____ State ____ Zip _____
Phone: _____ Fax _____
Email: _____
Social Security No. _____

Treasurer:

Name: _____
Address: _____
City _____ State ____ Zip _____
Phone: _____ Fax _____
Email: _____
Social Security No. _____

OFFICERS (contd)

Title _____
Name: _____
Address: _____
City _____ State ____ Zip _____
Phone: _____ Fax _____
Email: _____
Social Security No. _____

Title _____
Name: _____
Address: _____
City _____ State ____ Zip _____
Phone: _____ Fax _____
Email: _____
Social Security No. _____

CORPORATE DIRECTORS **LLC MEMBERS**

(Address, telephone numbers and social security information does not need to be repeated here if previously provided in "Officer Section" above. After providing Director or LLC Member's Name, print "SAME AS ABOVE" across the Address/Telephone section)

Name: _____
Address: _____
City _____ State ____ Zip _____
Phone: _____
Fax: _____ S.S. No. _____

Name: _____
Address: _____
City _____ State ____ Zip _____
Phone: _____
Fax: _____ S.S. No. _____

FOR LLCs ONLY: Item contributed: Cash Services
Fair Market Value of Item Contributed: \$ _____
Percentage of Ownership: _____

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Fair Market Value of Item Contributed: \$ _____
Percentage of Ownership: _____

Name: _____
Address: _____
City _____ State ____ Zip _____
Phone: _____
Fax: _____ S.S. No. _____

Name: _____
Address: _____
City _____ State ____ Zip _____
Phone: _____
Fax: _____ S.S. No. _____

FOR LLCs ONLY: Item contributed: Cash Services
Fair Market Value of Item Contributed: \$ _____
Percentage of Ownership: _____

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Fair Market Value of Item Contributed: \$ _____
Percentage of Ownership: _____

CORPORATE DIRECTORS or LLC MEMBERS (contd)

Name: _____
Address: _____
City _____ State ____ Zip _____
Phone: _____
Fax: _____ S.S. No. _____
FOR LLCs ONLY: Item contributed: Cash Services
Fair Market Value of Item Contributed: \$ _____
Percentage of Ownership: _____

Name: _____
Address: _____
City _____ State ____ Zip _____
Phone: _____
Fax: _____ S.S. No. _____
FOR LLCs ONLY: Item contributed: Cash Services
Fair Market Value of Item Contributed: \$ _____
Percentage of Ownership: _____

TAX IDENTIFICATION NUMBER:

EIN (Tax ID) Needed: Yes No

Will the corporation have employees? No Yes How Many? _____ Date first wages will be paid? _____

Estimate highest number of employees over the next 12 months: _____

Business Activity: Construction Real Estate Rental & Leasing Manufacturing Transportation and Warehousing Finance and Insurance Healthcare and Social Assistance Accommodation and Food Service Wholesale Agent/Broker Wholesale Other Retail Other _____

Principal line of merchandise sold, specific construction work done, products produced, or services provided: _____

ACKNOWLEDGMENT AND AUTHORIZATION

I understand that the Legal Document Assistant preparing my documents is NOT an attorney, cannot select forms and DOES NOT give legal advice. I hereby direct the Legal Document Assistant to type and perform certain services as outlined in the Contract for Services which we each executed regarding this matter. I further declare that the foregoing information which I have provided is, to the best of my knowledge, true and correct.

Dated: _____

Signature