

LIMITED LIABILITY COMPANY FORMATION CHECKLIST

CLIENT INFORMATION

Name: _____

Address: _____

Telephone: Home: _____ Work: _____ Other: _____

Fax: _____ SS#: _____

LLC INFORMATION

Name you would like for your LLC: _____

*Please note that we will verify name availability with the State of Michigan. If internet domain name availability is important to your business, we would suggest that you independently verify such availability.

Alternate (in case that name is not available): _____

Type of business to be conducted by your LLC: _____

Will your LLC be a single member or multiple member company? _____

Number of Employees: _____

Company vehicles (if any): _____

Which member will be the Resident Agent? _____

Which member will be: Manager(s): _____

Chairman: _____

Secretary: _____

Correspondence, invoices and general information regarding your LLC should be sent to the following:

Member: _____ Address: _____

MEMBER INFORMATION

Please provide the following information for each member:

(1) Name: _____
Address: _____

Telephone: _____ SS#: _____
Date of Birth: _____
Initial \$ Contribution: _____ Percentage Owned: _____

(2) Name: _____
Address: _____

Telephone: _____ SS#: _____
Date of Birth: _____
Initial \$ Contribution: _____ Percentage Owned: _____

(3) Name: _____
Address: _____

Telephone: _____ SS#: _____
Date of Birth: _____
Initial \$ Contribution: _____ Percentage Owned: _____

(4) Name: _____
Address: _____

Telephone: _____ SS#: _____
Date of Birth: _____
Initial \$ Contribution: _____ Percentage Owned: _____