



Domestic Business Formation

Today's Date _____ Contact/Email _____
Firm/Name _____
Phone # _____ Your Fax # _____

Address for delivery of Documents _____

1. Level of Service: Routine _____ Expedited _____
* Fee / Timeframe will vary by State

2. Check all that apply: a) EIN Tax ID# _____
b) Prepare S-Corp Election _____

3. Type of Entity you are forming _____ in the State of _____

4a. Entity Name 1st choice _____

4b. Entity Name 2nd choice _____

5. Stock Structure: Qty of Shares _____ No Par Value _____ [or] Par Value _____
You may leave the Stock Structure blank and we will insert: 200 Shares of No Par Value.

6. If this is a LLC, is it: Member managed _____ Manager managed _____ & Single Member _____ Multi Member _____

7. Brief Description of Business Purpose _____

8. Principal Business Address _____
_____ County _____

9. Registered Agent's Name & Address: use PCS _____ [or] _____

Director / Member / Manager / Officer Information (You must have a minimum of one)
Name _____ SS # _____ Title _____
Address _____

Name _____ SS # _____ Title _____
Address _____

All new Domestic Entity Formation orders will include a complete Corporate/LLC Outfit Kit unless you specifically indicate otherwise.

❖ 560 Hudson St., Suite 3-4, Hackensack, NJ 07601
❖ Phone: 718-317-9727 / Fax: 718-306-9258
❖ WWW.PREMIERCFS.COM