

PLEASE TYPE OR PRINT CLEARLY

Form Submitted By

Date: _____

Name: _____

Company: _____

Email: _____

Phone: _____

1. Entity (check one): Corporation Nonprofit Corporation 501c3 Nonprofit Corporation
2. Jurisdiction of Formation: Florida Delaware Other: _____
3. Speed (check one): Expedited Service Regular Service
4. Check Service(s): Incorporation Only Corporate Kit Federal Tax ID S Corp Election Seal (optional)

5. Company Name *Add applicable corporate suffix – for example: "Inc."*

First Choice: _____

Alternate Choice: _____

6. Company Contact Name: _____ Phone: _____ Email: _____

7. (a) Physical Address: _____

City: _____ State: _____ Zip: _____ Country: _____

(b) Mailing Address: _____

City: _____ State: _____ Zip: _____ Country: _____

8. (a) Authorized Shares: _____ (b) Par Value: _____

The company will have 2,000 authorized shares at \$0.01 par value per share unless you specify otherwise.

9. Director Name(s). *If Corporation, only one director is required. For additional directors, please attach a separate sheet.*
If Nonprofit Corporation, list names of at least three directors. For additional directors, please attach a separate sheet.

Director(s) _____

Director(s) _____

10. Officer Name(s). *If Corporation, one person may be director and hold all offices.*
If Nonprofit Corporation, not applicable – do not complete.

President: _____

Vice President: _____

Secretary: _____

Treasurer: _____

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Corporate Creations, 11380 Prosperity Farms Rd #221E, Palm Beach Gardens, FL 33410 Phone (561) 694-8107 Fax (561) 694-1639

www.CorporateCreations.com

11. Shareholder Name(s). *If Corporation, list Shareholder(s). For additional Shareholders, please attach a separate sheet.
If Nonprofit Corporation, not applicable – do not complete.*

Shareholder(s)	# of Shares	Shareholder(s)	# of Shares

12. Federal Tax ID. *If Corporation, Social Security Number or FEIN is needed for one officer.
If Nonprofit Corporation, Social Security Number is needed for one director.*

Individual or Company Name _____ SSN or FEIN: _____

13. Principal Business Activity: _____

14. Registered Agent will be Corporate Creations or its designee unless you specify otherwise.

15. Payment by: Visa Mastercard American Express Discover Check

Account Number: _____ Exp. Date _____ Security Code: _____

Cardholder Name: _____ Billing Zip Code: _____

16. Referred by: Name: _____ Company: _____

17. Additional Notes: _____

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