

Limited Liability Company Formation Order Form

PLEASE TYPE OR PRINT CLEARLY

Form Submitted By	Date:
Name:	Company:
Email:	
1. Entity Type: Limited Liability Company	
2. Jurisdiction of Formation:	
3. Speed (check one):	lar Service
4. Check Service(s):	te Kit 🔲 Federal Tax ID 🔄 S Corp Election 🗌 Seal (optional)
5. Company Name Add applicable corporate suffix – for example: "LL	.C"
First Choice:	
Alternate Choice:	
6. Company Contact Name: Ph	none: Email:
7. (a) Physical Address:	
City: State	e: Zip: Country:
(b) Mailing Address:	
City: State	e: Zip: Country:
8. Will the LLC be:	Member-managed
If neither selected, the default will be Manage	
9. Manager Name(s). Manager can be individual or entity. For addition	nal managers, please attach a separate sheet.
Manager(s)	Manager(s)
10. Officer Name(s) One person may be manager and hold all offices.	
President:	
Vice President:	
Secretary:	
Treasurer:	

Call In, Fax or Mail this Order Form.

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



% Ownership Must equal 100%

11. Member Name(s). If LLC, list Member(s). For addit	tional Members, please a	ttach a separate sheet.	
	% Ownership		
Member(s)	Must equal 100%	Member(s)	

.Federal Tax ID.	Social Secu	rity Number or FEIN	l is needed for one member.				
Individual or Company Name					SSN or FEIN:		
			s or its designee unless y				
4. Registered Age							
I. Registered Age	nt will be Co □ Visa	orporate Creation	s or its designee unless y	you specify othe	erwise.	Security Code:	
5. Payment by:	nt will be Co □ Visa r:	Drporate Creation	s or its designee unless y	you specify othe	erwise.	_ Security Code: Billing Zip Code:	
4. Registered Age 5. Payment by: Account Numbe	nt will be Co	Drporate Creation	s or its designee unless y	you specify othe	Prwise.		

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