

LIMITED LIABILITY COMPANY ORGANIZATION PROCEDURES CHECKLIST

CLIENT NAME: _____ (File #: _____)

I. ARTICLES OF ORGANIZATION (Prepare:__) (Prepared:__) - Office use only

A. LLC Name: _____

2nd Option: _____

3rd Option: _____

[Must end in "Limited Liability Company;" "Limited Company;" "L.L.C.;" or "L.C."]

B. Name and address of statutory agent:

First: _____ M.I. _____ Last: _____ SSN: _____

Address: _____

C. Is the LLC's Physical Address different from the Mailing Address? No ___ If Yes, please list:

D. Number of LLC Members (including statutory agent): _____

Members Names and addresses: _____

D. Have you ever applied for a Taxpayer Identification Number (EIN) before? Yes ___ No ___

E. Principle Activity and line of merchandise to be sold, specific construction work to be done, products produced or services provided: _____

F. Will your LLC be using any 55,000 pound highway vehicles? Yes ___ No ___

G. Highest number of employees expected in the next 12 months? _____

H. First date wages or annuities were paid (month, day, year) _____