



## CORPORATE QUESTIONNAIRE

Today's Date: \_\_\_\_\_

NAME OF BUSINESS ENTITY: Please choose three names for your entity, in order of preference.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Choose the type of business entity you would like for us to file:

\_\_\_ Florida Limited Liability Company

\_\_\_ Incorporation for a Florida Profit Corporation

      \_\_\_ S-Corp or \_\_\_ C-Corp

      How many shares will there be? \_\_\_ Par value \_\_\_\_\_

\_\_\_ Incorporation for a Florida Non-Profit Corporation

\_\_\_ Florida Limited Partnership

What type of business? \_\_\_\_\_

What type of goods sold, or services provided? \_\_\_\_\_

### ADDRESS

Please provide the physical address as well as the mailing address for the corporation.

Physical (Florida) Address: \_\_\_\_\_

\_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Contact Person/Responsible Party \_\_\_\_\_

Contact's Social Security Number (for issuance of Tax ID Number) \_\_\_\_\_

Contact's Phone Number(s) \_\_\_\_\_

Contact's Email Address \_\_\_\_\_

Contact referred by \_\_\_\_\_



TITLES FOR MEMBERS/OFFICERS/DIRECTORS

LLC: MGR = Manager  
AMBR = Authorized Member  
MEMB = Member

Corporation: P = President  
VP = Vice President  
S = SECRETARY  
T = TREASURER  
D = DIRECTOR

PARTIES

Please include a list of names and addresses of any and all parties involved in the business entity including but not limited to Shareholders, Members, Officers, Directors, Managers, President, Vice President, etc.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_