



Tel: 877.438.4626 Fax:415.276.4174  
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**Fax/Email completed form to 415-276-4174.**

COMPANY NAME: \_\_\_\_\_  
ALTERNATE NAME: \_\_\_\_\_  
STATE OF ORGANIZATION: \_\_\_\_\_  
BUSINESS DESCRIPTION & ACTIVITY: \_\_\_\_\_  
\_\_\_\_\_

**CONTACT & SHIPPING ADDRESS**

Name: \_\_\_\_\_ T. ( ) \_\_\_\_\_  
Address 1: \_\_\_\_\_ F. ( ) \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
County: \_\_\_\_\_  
Email: \_\_\_\_\_

**BUSINESS ADDRESS & ACTIVITY** [ ] check if same as above

Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
County: \_\_\_\_\_

**CREDIT CARD INFORMATION**

(MC or Visa ONLY)

Cardholder's Name: \_\_\_\_\_  
Credit Card No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Exp.: \_\_\_\_/\_\_\_\_

(If the billing address for this Credit Card is different then your contact information, please note the information)

I authorize Pacific Corporate Filings, Inc. to provide typing and filing services for the above company. I understand that Pacific Corporate Filings, Inc. is not licensed to practice law, and does not practice law, in California or in any other jurisdiction. No one at Pacific Corporate Filings, Inc. has provided me with any legal or financial advice.

X \_\_\_\_\_  
(NAME) Date

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**SERVICES ORDERED:** (please check)

Limited Liability Company Package

PCF Service/Processing Fees \$125

State Filing Fees \*\*

The Limited Liability Company will be Managed by:

*NOTE: If management is by the members, then each member participates in the management of the company.*

**YOU MUST CHECK ONE OF THE FOLLOWING:**

One Manager

More than one Manager

All Limited Liability Company Member(s) Members=Owners

Homeowner's Kit FREE †

EIN Obtainment Service \$40 [fill out **Section A**]

Operating Agreement & Organizational Minutes \$125 [fill out **Section B**]

LLC Kit & Seal \$75

Foreign Qualification, In which state(s): \_\_\_\_\_ \*

Certificate of Good Standing, In which state(s): \_\_\_\_\_ \*

*\*\*please refer to the State Filing Fee Attachment for respective prices for each state*

*\* fees will be accordingly to state fees + a PCF Service Fee of \$25*

*† Promotion of the FREE Homeowner's Kit ends 08/31/05.*

**OPTIONAL SHIPPING METHOD:**

FedEx Overnight Upgrade \$25

**REGISTERED AGENT (SERVICE OF PROCESS):**

PCF REGISTERED AGENT SERVICE \$125

SELF REGISTERED

If you checked Self Registered, please complete the following:

(NO PO BOXES, and MUST RESIDE IN THE STATE OF ORGANIZATION)

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

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City, State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

**MEMBER(S) INFORMATION:**

(1) Member's Name: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

(2) Member's Name: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

(3) Member's Name: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

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**SECTION A (EIN)**

Principal Officer Name & Title: \_\_\_\_\_

Social Security Number of Officer Listed Above: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

(used for IRS verification)

Number of Employees in 1<sup>st</sup> year: \_\_\_\_\_

If entered a number other than 0,

list first date that wages will be paid: \_\_\_\_\_

Accounting Year End: \_\_\_\_\_ (if left blank it will default into DECEMBER)

Telephone & Fax Number: t. ( ) \_\_\_\_\_ f. ( ) \_\_\_\_\_

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**SECTION B (Operating Agreement & Organizational Minutes)**

Initial Capital Contribution to the Company: \$ \_\_\_\_\_

Shareholders Name & Percentage:

(1) Shareholder's Name: \_\_\_\_\_

Percentage Own: \_\_\_\_\_ %

(2) Shareholder's Name: \_\_\_\_\_

Percentage Own: \_\_\_\_\_ %

(3) Shareholder's Name: \_\_\_\_\_

Percentage Own: \_\_\_\_\_ %

(4) Shareholder's Name: \_\_\_\_\_

Percentage Own: \_\_\_\_\_ %

***IF THE COMPANY WILL BE MANAGED BY MANAGERS, COMPLETE BELOW:***

Manger(s) information:

(1) Manger's Name: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

(2) Manger's Name: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

(3) Manger's Name: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

**STATE FILING FEE ATTACHMENT**

The fees below reflect the total amount of State Filing fees, Courier Fees & Expedited State filing fees 0(if applicable).

The total for you LLC Package will be our PCF fees (\$125) + State Fees.

<b>AL</b> Alabama	\$95	<b>LA</b> Louisiana	\$105	<b>OH</b> Ohio	\$225
<b>AK</b> Alaska	\$400	<b>ME</b> Maine	\$125	<b>OK</b> Oklahoma	\$100
<b>AZ</b> Arizona	\$85	<b>MD</b> Maryland	\$150	<b>OR</b> Oregon	\$55
<b>AR</b> Arkansas	\$45	<b>MA</b> Massachusetts	\$520	<b>PA</b> Pennsylvania	\$195
<b>CA</b> California	\$115	<b>MI</b> Michigan	\$50	<b>RI</b> Rhode Island	\$150
<b>CO</b> Colorado	\$100	<b>MN</b> Minnesota	\$155	<b>SC</b> South Carolina	\$110
<b>CT</b> Connecticut	\$85	<b>MS</b> Mississippi	\$50	<b>SD</b> South Dakota	\$125
<b>DE</b> Delaware	\$140	<b>MO</b> Missouri	\$105	<b>TN</b> Tennessee	\$300
<b>FL</b> Florida	\$125	<b>MT</b> Montana	\$90	<b>TX</b> Texas	\$200
<b>GA</b> Georgia	\$200	<b>NE</b> Nebraska	\$115	<b>UT</b> Utah	\$127
<b>HI</b> Hawaii	\$100	<b>NV</b> Nevada	\$200	<b>VT</b> Vermont	\$75
<b>ID</b> Idaho	\$120	<b>NH</b> New Hampshire	CALL	<b>VA</b> Virginia	\$100
<b>IL</b> Illinois	\$500	<b>NJ</b> New Jersey	\$175	<b>WA</b> Washington	\$195
<b>IN</b> Indiana	\$90	<b>NM</b> New Mexico	CALL	<b>WV</b> West Virginia	\$100
<b>IA</b> Iowa	\$50	<b>NY</b> New York	\$225	<b>WI</b> Wisconsin	\$130
<b>KS</b> Kansas	\$165	<b>NC</b> North Carolina	\$225	<b>WY</b> Wyoming	\$100
<b>KY</b> Kentucky	\$40	<b>ND</b> North Dakota	\$135		

**CANCELLATION POLICY**

If a filing request is cancelled after payment has been taken, PCF will refund the total order amount less a \$50 processing fee. Money paid to PCF that has already been paid to the state filing fees or to suppliers is not refundable. There will be no cancellations or refunds made after filings have been delivered to the State agency.

**PRIVACY POLICY**

To review our Privacy Policy please visit, <http://www.getincnow.com/policy.htm>.

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