



LIMITED LIABILITY COMPANY ORDER FORM (PLEASE PRINT LEGIBLY)

Contact Information:

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Alternative Phone: _____
Email: _____ Fax: _____

Name of my LLC is (must include the suffix LLC):

First Choice: _____
Second Choice: _____
Third Choice: _____
(Specify alternate choices in case your name is not available.)

Fictitious Business Name(s) (FBN) or Doing Business As (DBA):

FBN #1: _____
FBN #2: _____

I name the following person as the Organizer of the LLC:

Name: _____

LOCAL business address of my LLC:

Address: _____
City: _____ State: _____ Zip Code: _____

Please check one:

- CA Economy Package \$899.00
- CA Complete Package \$2,199.00
- NV Economy Package \$1,299.00
- NV Complete Pack \$2,599.00
- NV/CA Economy Package \$1,599.00
- NV/CA Complete Package \$2,899.00

Please check one:

- Bank of America
- Citibank
- Wachovia
- Washington Mutual
- Wells Fargo
- Other: _____

Please check one:

- Corporate Binder Kit (Black)
- Corporate Binder Kit (Green)
- Corporate Binder Kit (Burgundy)
- Corporate Binder Kit (Blue)

Please check the appropriate box(es):

- Seller's Permit LA City Business License
(additional charge with Economy Packages)



LIMITED LIABILITY COMPANY ORDER FORM (CONTINUED)

Member Instructions:

Please complete the information below. If one person will be the member and Sole Operating Manager and Officer complete Member (1) Information and leave the remainder information blank. **(SINGLE MEMBER LLCs ARE NOT RECOMMENDED UNLESS THE SINGLE MEMBER IS AN ENTITY (I.E. CORPORATION OR ANOTHER LLC).** We **STRONGLY** recommend having two or more owners when forming an LLC to ensure you are taxed as a partnership and to receive the maximum tax benefits available to you.)

Membership (1) Information

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Capital Contribution: \$ _____

Membership (2) Information

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Capital Contribution: \$ _____

Membership (3) Information

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Capital Contribution: \$ _____

Membership (4) Information

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Capital Contribution: \$ _____

Capital Contributions can be made up of current or future contributed cash, property (any contribution of property must include a description of the property), promissory note or services rendered.

Total Capital Contribution: _____
(Add Capital Contribution amounts from members above.)

Managers of the LLC

Below, please list the names of the operating managers of your LLC. In most states, only one operating manager is needed.

Operating Manager

Vice-Operating Manager

Secretary

Treasurer



EXECUTIVE ON THE GO, INC.

9020 Reseda Blvd., #105B, Northridge, CA 91324

Office: 818.886.4895 / Fax: 818.886.0141

"Empowering Your Business One Step At A Time"

www.execonthego.com

PLEASE TAKE THE FOLLOWING ACTION

Enclose a \$ _____ check payable to "Executive On The Go, Inc." or **pay with your credit card for your convenience.** You may complete and sign the **credit card authorization and mail or fax to Executive On the Go, Inc.**

I, _____, give Executive On The Go, Inc. permission to charge my

(Circle one) MasterCard Visa American Express Discover

in the amount of \$ _____.

Credit Card Number _____ Exp. Date _____
(Must be 16 digits)

V CODE (Last 3 Digits on back of credit card) _____

Name on Credit Card _____

Address _____

➤ **By signing this you understand that this amount will be charged on your credit card today and that these fees are non-refundable.**

➤ **I have enclosed a copy of the front and back of my credit card and a valid driver's license to identify that I am the true holder of the above mentioned account.**

Signature

Date

Company Name

Account Officer

PLEASE FAX BACK TO 818.886.0141

\$399.00 California (LLC) Limited Time Special Includes:

- Limited Liability Company Records Binder – BLACK, GREEN, BLUE, or MAROON
- Articles of Organization - Includes State Fees
- Custom Operating Agreement
- Custom Membership Certificates
- Custom Membership Manager Roll
- Custom Membership Interest Transfer Ledger
- Agent for Service of Process One Year (Annual \$75.00)
- Tax Identification Number (Example 95-4784123) (Form SS-4)
- Digital Copy of Your Custom Business Records, LLC Forms from A to Z, and Educational Material
- Standard Service (Pick up only from EOG 25-30 business days from your order date paid with credit card or cash, and if paid by check 25-30 business days from the date it clears banking institution).

Additional Services for a Fee

- **Initial Statement of Information ******* **\$20.00**
- **Processing Fee ******* **\$25.00**
- **Prepare IRS Form 2553 (Election by a Small Business Corporation) ****** **\$75.00**
- **Processing Fee ******* **\$25.00**
- **Fictitious Business Name Statement + 4 weeks Newspaper Publication (DBA)** **\$99.00**
- **City of LA Tax Registration Certificate ******* **\$75.00**
- **Processing Fee ******* **\$25.00**
- **California State Board of Equalization Seller's Permit ******* **\$75.00**
- **Processing Fee ******* **\$25.00**
- **2 Disc Power Series to Business Success – “Whatever You Do...It’s Your Business”** **\$20.00**
- **CA SOS 24 Hour Expedite Filing Fee (includes overnight shipping)******* **\$400.00**
- **Shipping Package ******* **\$15.00**