

MISSOURI INCORPORATION ORDER FORM

Name of Corporation

Please list both a first and second choice. We will contact the Secretary of State to determine if the name is available. If neither name is available we will call you for additional names.

First Choice: _____ *

Alternate Name: _____ *

**Please
Print
Legibly**

* State law requires that all corporate names must include one of the following words:
Incorporated, Corporation, Company, Limited or an abbreviation of any of the above.

Type of Corporation

Regular Subchapter S (Call for special order form if you want a Limited Liability Company)

Business Purpose

Give a brief description of the main business purpose of the corporation:

Business Mailing Address

Directors Number of Directors: _____ (May be just one person)

Officers (May be just one person)

Names, address, social security number and birthdate of each officer. (May be just one person)

	<u>Name</u>	<u>Street, City, ZIP</u>	<u>Soc Sec # & D.O.B.</u>	<u>Ownership %</u>
President:	_____	_____	____-____-____ ____/____/____	_____
Secretary:	_____	_____	____-____-____ ____/____/____	_____
Treasurer:	_____	_____	____-____-____ ____/____/____	_____

Capital Stock Authorized:

We will authorize the maximum number of shares the corporation may issue (30,000 shares) with \$1.00 par value for the minimum secretary of state incorporation fee (\$58.00) unless you give us other instructions.

Registered Agent

Who do you want to be the Registered Agent of the Corporation? The Registered Agent is responsible for receiving all correspondence from the state as well as all legal notices and summons. Must be a Missouri address – **No PO Box.**

Please show AccountTax, Inc., as the corporation's registered agent. See page two for annual fee.

Please name the following person as registered agent:

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Contact Person: Whom should we contact with questions ? Email: _____

Name: _____ Phone: _____

If any service other than the All Inclusive Incorporation service is ordered, I hereby acknowledge that I have not been provided with any legal advise. I hereby authorize the formation of this corporation in my behalf.

Signature _____

Date: ____ / ____ / 201__

MISSOURI INCORPORATION ORDER FORM

Please X mark the services that you want us to perform

<input type="checkbox"/>	BASIC INCORPORATION	\$ 50.00
	⇒ We call the Secretary of State to check the availability of your corporate name choices.	
	⇒ Prepare and File the Articles of Incorporation.	
	⇒ Forward copies of the "filed" Articles of Incorporation to you.	
	⇒ Forward Missouri Certificate of Incorporation to you.	
	⇒ Forward all other service of process, legal notices and tax forms to you.	
	⇒ Serve as your registered agent only if requested below.	
	Missouri State Filing Fee	\$ 58.00
	Total For Basic Incorporation Service	\$ 108.00

<input type="checkbox"/>	FEDERAL TAX I.D. NUMBER APPLICATION	\$ 45.00	\$ _____
<input type="checkbox"/>	MISSOURI TAX I.D. NUMBER APPLICATION	\$ 45.00	\$ _____
<input type="checkbox"/>	SUBCHAPTER "S" APPLICATION	\$ 45.00	\$ _____
<input type="checkbox"/>	FICTITIOUS NAME REGISTRATION	\$ 45.00	\$ _____
<input type="checkbox"/>	CONSULT (Minimum Fee For ½ Hour)	\$ 75.00	\$ _____
<input type="checkbox"/>	CORPORATE STOCKBOOK WITH FORMS	\$175.00	\$ _____
	⇒ Corporate Stockbook which includes Corporate Bylaws, Organizational Minutes and Stock Certificates		
<input type="checkbox"/>	ALL INCLUSIVE INCORPORATION WITH CONSULT	\$ 395.00	\$ _____
	⇒ Everything listed above.		
<input type="checkbox"/>	SHAREHOLDER BUY-SELL AGREEMENT	\$ 295.00	\$ _____
	⇒ Shareholder Buy-Sell agreement is recommended for any corporation that has more than one shareholder.		
<input type="checkbox"/>	REGISTERED AGENT SERVICE	\$ 50.00 / year	\$ _____
	⇒ See front page for details. First year is free with All Inclusive Service.		

TOTAL DUE \$ _____
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To Pay By Credit Card

Type of Credit Card: MasterCard _____ VISA _____

Credit Card Number: _____

Expiration Date: Month _____ Year _____ Security Code on Rear: _____

Name on Card: _____

Signature: _____

Mail or fax the completed form with check or credit card payment to:

Greg A. Launhardt

11420 Gravois Road, St. Louis, Missouri 63126, Call (314) 842-1313 Fax 842-7045, greg@accountax-stl.com

Missouri Incorporation Order Form

Required For Us To Apply For Your Federal Tax ID Number

Certification For Third Party Designee (TPD)

If a third party designee (TPD) is completing the online application for a Federal Employer Identification Number (EIN), the taxpayer must authorize the TPD to apply for and receive the EIN on his/her behalf as follows:

1. The taxpayer must read and sign the following Authorization which states that he/she understands that he/she is authorizing the TPD to apply for and receive the EIN.
2. The EIN will be disclosed to the TPD upon completion of the online application.
3. The TDP will forward the EIN to the taxpayer.

Designation of Third Party Designee And Authorization For The Release of Information

I authorize **Greg Launhardt** of AccounTax, Inc., as my Third Party Designee (TPD) to apply for and receive a Federal Employer Identification Number (EIN) on behalf of my corporation. I authorize the TPD to answer all questions required to for the EIN online.

I understand that the EIN for our corporation will be disclosed to my TPD upon completion of the online application.

I understand that in approximately 2-3 weeks I will receive official documentation from the IRS by mail pertaining to the EIN issued to my corporation and that this documentation should be kept in the corporation's permanent records.

I have read and understand the above

Signature

Date