

**MISSOURI
LIMITED LIABILITY COMPANY (LLC)
ORDER FORM**

Name of Limited Liability Company

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: _____ *

**Please
Print
Legibly**

Alternate Name: _____ *

* State law requires that all Limited Liability Company names must include LLC.

Business Mailing Address

Business Purpose

Give a brief description of the main business purpose of the company: _____

Members

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

<u>Name</u>	<u>Street, City, ZIP</u>	<u>Social Security #</u>	<u>Date of Birth</u>	<u>Ownership %</u>
_____	_____	____-____-____	____/____/____	____ %
_____	_____	____-____-____	____/____/____	____ %
_____	_____	____-____-____	____/____/____	____ %
_____	_____	____-____-____	____/____/____	____ %

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 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 service is ordered, I hereby acknowledge that I have not been provided with any legal advise. I hereby authorize the formation of this Limited Liability Company in my behalf.

Signature _____

Date: _____ / _____ / 201____

Please X mark the services that you want us to perform

<input type="checkbox"/>	BASIC LLC SERVICE		\$ 50.00
	⇒ We call the Secretary of State to check the availability of your company name choices.		
	⇒ Prepare and File the Articles of Organization for a Limited Liability Company.		
	⇒ Forward copies of the “filed” Articles to you.		
	⇒ Forward Missouri Secretary of State Certificate 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		\$ 50.00
	Total For Basic LLC Service		\$ 100.00
<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"/>	SUB-CHAPTER “S” ELECTION	\$ 45.00	\$ _____
	⇒ If you want your LLC to be taxed as a Subchapter S corporation.		
<input type="checkbox"/>	FICTITIOUS NAME REGISTRATION	\$ 45.00	\$ _____
<input type="checkbox"/>	CONSULT (Minimum Fee For ½ Hour)	\$ 75.00	\$ _____
<input type="checkbox"/>	STANDARD L.L.C. OPERATING AGREEMENT	\$ 185.00	\$ _____
	⇒ We will prepare a Standard L.L.C. Operating Agreement.		
<input type="checkbox"/>	ALL INCLUSIVE L.L.C. SERVICE WITH CONSULT	\$ 395.00	\$ _____
	⇒ All of the above services as needed.		
<input type="checkbox"/>	BUY-SELL AGREEMENT	\$ 295.00	\$ _____
	⇒ Buy-Sell agreement is recommended for any company that has more than one owner/member.		
<input type="checkbox"/>	REGISTERED AGENT SERVICE	First 3 years for \$ 150.00	\$ _____
	⇒ See front page for details.		
	TOTAL DUE		\$ _____
			=====

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 Limited Liability Company 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 company. I authorize the TPD to answer all questions required to for the EIN online.

I understand that the EIN for our company 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 company and that this documentation should be kept in the company's permanent records.

I have read and understand the above

Signature

Date