

NEW FORMATION REQUEST FORM CORPORATION

1. STATE OF INCORPORATION:

TODAY'S DATE:

2. Name Choice:

1.
Alternate 1.
Alternate 2.

3. Client Name and Address

Name:		
Street:		
City:	State:	Zip:
Phone Number:	Email:	

4. Structure:

Stockholders:		
Shares:	Par Value:	Issued for:
Director:		
Director:		
President:		
Secretary:		
Treasurer:		
Fiscal Year:		

5. Resident Agent if not Burnett & Associates

Name:		
Street:		
City:	State:	Zip:

6. Responsible Party for EIN

Name:
Title:
Address:
Phone:
Trade Name:
Primary Business Activity?
Principal line of merchandise sold, specific const, products produced or services provided?