

\$350.00 Total Fee for the State, Corporate Book, and Express L C L Services, Inc.
Additional fees for names longer than 43 characters

LIMITED LIABILITY COMPANY INFORMATION SHEET

*IT IS IMPORTANT THAT YOU DO NOT ADVERTISE YOUR NAME UNTIL
IT IS CONFIRMED TO YOU BY THE STATE OF FLORIDA.*

Once this company is activated with the State it must file an Annual Report with the Division of Corporations between January 1st and before May 1st of every year to maintain "active" status. The company's first annual report will be due between January 1st and before May 1st of the calendar year following the year the company is formed and every year thereafter and can be filed online at www.sunbiz.org. The fee to file a Company Annual Report is \$138.75. A \$400 late fee is applied if the report is filed after May 1st. File early to avoid the late fee.

1. We need Names, addresses and phone numbers of all Initial AUTHORIZED Members (if another type of member is desired please bring this up to our staff immediately).

What is an Authorized Representative (AR), Authorized Person (AP), Authorized Member (AMBR), or Manager (MGR)?

An Authorized Representative (AR), Authorized Person (AP), or Authorized Member (AMBR) is a person who is authorized to execute and file records with Florida Department of State. See 605.0102, F.S., for more detail.

If all of the members of a limited liability company will not have authority to manage or act on behalf of the business entity, then the limited liability company will be manager-managed. In a manager-managed limited liability company, the members elect those individuals, which will have the authority to manage or act on behalf of the company. Those individuals will serve in the capacity of a manager (MGR). A manager (MGR) may or may not be a member of the limited liability company.

<u>Name</u>	<u>Address/City/State/ Zip</u>	<u>Phone #</u>
		() -

<u>Name</u>	<u>Address/City/State/ Zip</u>	<u>Phone #</u>
		() -

2. **Desired name of company** (Please list three choices in the event the desired name is not available)
The Company name must include suffix such as "LLC", or, "Limited Liability Company".

1st choice: _____

2nd choice: _____

3rd choice: _____

3. **Desired length of Existence of Company:** perpetual or _____

4. **Complete Business address** (*Must be a Florida street address. A post office box is not acceptable*):

5. **Complete Mailing Address:**

6. **Name and Address of Registered Agent:** A registered agent is the person that will accept service of process on behalf of a business entity. The registered office is the address where the registered agent is located during normal business hours. *The registered office address must be a Florida street address. A post office box is not acceptable.*

Name _____ Address/City/State/ Zip _____

7. Name and address of Incorporator whom will be signing the Articles of Organization:

Name _____ Address/City/State/ Zip _____

8. Purpose of the company:

Any and all lawful *OR* _____
List Specific Purpose

RELEASE OF LIABILITY

I have been informed by the staff at Express L C L Services, Inc. d/b/a Express NonLawyer that:

- (1) They are not attorneys, and they cannot give legal advice;
- (2) They are only assisting me in the proper preparation of these documents so that I can represent myself in this matter without an attorney.

They have further informed me that legal representation by an attorney would advise me of all legal rights that I may have arising out of this action.

The legal documents prepared by Express L C L Services, Inc. d/b/a Express NonLawyer have been prepared in accordance with the information provided by me in my desire to represent myself in this transaction.

I declare:

- (1) That the information provided by me is true and complete to the best of my knowledge and belief;
- (2) That I agree to review all documents prepared and my signature is acknowledgment of my approval of all documents;
- (3) I hereby release Express L C L Services, Inc. d/b/a Express NonLawyer from any liability arising out of the services performed for me by them as the result of my failure to provide the information requested or to thoroughly review all documents. I further declare that I am signing this document without undue influence, threat or pressure from any person or entity involved in the outcome of this transaction.

Dated _____ Signature _____