



DECARRERA LAW, LLC

400 Perimeter Center Terrace, N.E. • Suite 900
Atlanta, Georgia 30346-1236
404-892-0530 • 404-921-9050 Fax
law@decarreralaw.com

APPLICATION FOR INCORPORATION

Please complete both pages before returning to our offices

CONTACT PERSON

Name: _____	Phone Number: _____
Company: _____	Fax Number: _____
Address: _____	Cell Phone: _____
Email: _____	Other Contact Option: _____

NEW CORPORATION

Name: _____	Alternate Company Name: _____
Company's Principal Office Address: _____	Purpose of Company: _____
Effective Start Date: (if other than immediate) _____	Effective End Date: (if limited time intended) _____
Type of Company: <input type="checkbox"/> For-Profit Corporation <input type="checkbox"/> Not-For-Profit Corporation * <input type="checkbox"/> Limited Partnership * <input type="checkbox"/> Close Corporation <input type="checkbox"/> Charitable, Religious, or Educational <input type="checkbox"/> Limited Liability Partnership * <input type="checkbox"/> Professional Corp. <input type="checkbox"/> Civic League <input type="checkbox"/> Limited Liability Limited Partnership * <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Business League <input type="checkbox"/> Don't Know <input type="checkbox"/> Single Member <input type="checkbox"/> Homeowners Assoc. <input type="checkbox"/> Other _____ <input type="checkbox"/> Multi-Member	
Did you reserve your choice of names with the Secretary of State? Yes No If yes, please attach your name reservation from the Secretary of State.	

REGISTERED AGENT

Do you want DeCarrera Law, LLC to serve as your registered agent? Yes * No If yes, please skip rest of this section. If no, please fill out the following information:	
Name of Registered Agent: _____	County of Registered Agent: _____
Address of Registered Agent: _____	

* Additional fees may apply.

Please complete this form to the best of your ability so that we may give you the most accurate price quote possible.



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OWNERSHIP INFORMATION

A President, Treasurer and Secretary are required for corporations. Individuals may hold more than one office.

Name	Title	Address	Ownership Percentage
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Attach an additional sheet if more space is needed.

STOCK

Number of Authorized Shares: 5,000 10,000 _____

Are all authorized shares to be distributed to above owners? Yes No

If no, please indicate the number or percentage to be held as treasury stock: _____

Par Value: No Par Value \$0.01 \$1.00 _____

Should the stock certificates be numbered? Yes No

ADDITIONAL OPTIONS *

Please check which, if any, of the following you require:

<input type="checkbox"/> Federal Employer Identification Number	<input type="checkbox"/> Sales and Use Tax Number	<input type="checkbox"/> Amusement License
<input type="checkbox"/> State Withholding Number	<input type="checkbox"/> Unemployment Tax Number	<input type="checkbox"/> Motor Fuel Distributor
<input type="checkbox"/> Business License (City/County)	<input type="checkbox"/> Alcohol License	<input type="checkbox"/> Tobacco License

Do you need a partnership or operating agreement drafted? Yes No

Do you want reminders to file annual registrations? Yes No

Do you have a trade name that should be registered? Yes No

Do you need certified copies of your registration? Yes No

Do you want any trademarks or service marks registered? Yes No

Do you need a rush on this incorporation? Yes No

SIGNATURE

X _____ Date: _____

Print Name: _____ Title: _____

* Additional fees may apply.

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