

# **Delaware Registered Agents & Incorporators, L.L.C.**

**19 Kris Court  
Newark, Delaware 19702  
302-733-0600 (phone)  
1-866-499-9099 (toll free)  
302-733-0150 (fax)**

Thank you for your interest in our services. In order to serve you better, please fill out the attached form and return it to us along with the applicable fee. You may fax it to us so that we can begin your documents; however, no filing will be done until full payment is received. We currently accept payment via check, wire transfer\*, United State Postal money order, American Express, Visa or MasterCard. Please do not hesitate to contact us if you have any questions.

You will find several plan packages from which to choose. Unless otherwise stated, included in each package is our initial fee for us to act as your registered agent for the current year. Each year thereafter, you will be billed our annual registered agent fee.

If you are preparing and filing the necessary documents with the Delaware Secretary of State and only require registered agent services, our current annual registered agent fee is \$75\*\*for companies with United States mailing addresses and \$100(USD)\*\* for companies with mailing addresses outside of the United States. (Due to the increasing rates of the postal and courier services, we were forced to raise our rates for these clients.) The annual registered agent fee is non-refundable and is not pro-rated for any reason. If you officially close your company with the State of Delaware, registered agents fees will no longer be required. If you do not file a cancellation or a dissolution with the State of Delaware you will be required to pay the registered agent fees for 5 years until the company goes void with the State of Delaware.

As your registered agent, our duty is to forward any mail received from the Secretary of State promptly to you. This includes your State of Delaware annual tax notice and any delinquency notices. We also accept service of process for legal filings required to be served upon your company at our address. Our annual registered agent fees **do not**

**include use of our address for other company, financial, state and governmental purposes.**

Please let us know if you have any questions or if we can be of further service.

\* Additional wire transfer fees apply

\*\*Prices subject to change without prior notice

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**INFORMATION WORKSHEET**

Instructions: Please provide us with your basic information in Section A. If we are to form a Corporation, LLC, or LP, please fill out the appropriate section (Corporations – Section B, LLC – Section C, LP – Section D). If we are to assist in obtaining the Taxpayer Identification Number for your company, please fill out Section E.

**PLAN (CHOOSE ONE)**  Platinum  Gold  Silver  Bronze  Registered Agent Only

**FILING SERVICE (CHOOSE ONE)**  Regular (Non-priority-no extra fees)  
 Expedited (choose type) \_\_\_\_\_ Same Day \_\_\_\_\_ 24 hour (additional fees apply)

**A. ENTITY INFORMATION**

Type:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Series LLC	<input type="checkbox"/> Limited Partnership
Please note:	The name of the corporation shall contain 1 of the words "association," "company," "corporation," "club," "foundation," "fund," "incorporated," "institute," "society," "union," "syndicate," or "limited," (or abbreviations thereof, with or without punctuation), or words (or abbreviations thereof, with or without punctuation)	The name of the limited liability company shall contain the words "limited liability company", or the abbreviation "L.L.C." or the designation "LLC"	The name of the limited partnership should contain the words "limited partnership", or the abbreviation "L.P." or the designation "LP"
Fill Out:	Sections A & B	Sections A & C	Sections A & D

Exact Name of Entity desired: Please print.

Choice 1: \_\_\_\_\_

Choice 2: \_\_\_\_\_

Choice 3: \_\_\_\_\_

Please send all correspondence for this entity to: (contact person)

NAME	ADDRESS	PHONE NUMBER	
		Email:	

I certify that Delaware Registered Agents & Incorporators, LLC. nor any of its employees or agents have provided me with any legal and/or financial counsel and/or advice.

(We can not proceed with your entity formation without your signature.)

Signature: \_\_\_\_\_  
Date: \_\_\_\_/\_\_\_\_/20\_\_

**I authorize Delaware Registered Agents & Incorporators, L.L.C. to charge my credit card (or check enclosed)**

<input type="checkbox"/> American Express	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	<input type="checkbox"/> Check enclosed
Card Number _____		ExpDate _____	3-4Security _____
Name on Card _____			
Billing Address _____			
Full Street Address			
_____		_____	
City		State/Provence	
_____		Zip	
Country (if other than USA)		Phone Number	
Signature _____		Amount: _____	

**B. CORPORATIONS** (If we are to form your corporation, please fill out the applicable information in Section B.). Please note – Our customary corporation has 1000 shares at \$.01 par value. If you require a different capital structure, please contact us to discuss the additional fees involved.

1. Stock

CLASS OF STOCK (I.E. PREFERRED/ COMMON)	NUMBER OF AUTHORIZED SHARES	PAR VALUE

2. Principal Place of Business: (Outside of Delaware)

STREET ADDRESS	CITY, STATE, ZIP

3. Directors/Officers/Bylaws [**Silver, Gold & Platinum Packages only**]  
(this information will NOT appear on the Certificate of Incorporation):

i. Directors: 1. Number of Directors: \_\_\_\_\_

2. Directors Names:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ii. Names of Officer(s): (One person may hold all offices in Delaware)

President: \_\_\_\_\_ Vice-President: \_\_\_\_\_

Secretary: \_\_\_\_\_ Treasurer: \_\_\_\_\_

iii. Officer(s) to sign checks:  President  Treasurer  Secretary  
(please check all that apply)

Number of signatures required on checks:  One  Two  Three

iv. Shareholder(s) Names Par Value # of Shares Capital Consideration

\_\_\_\_\_

\_\_\_\_\_

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4. **Form 2553 - S-Election.** [CORPORATIONS ONLY] If an "S" election for the corporation under federal income tax law is requested, a discussion of certain detailed considerations involving the election itself should take place with our counsel, **David I. Walsh Esquire, P.A.** or your own attorney or accountant. The following information is required for us to complete your form:

Name, Social Security Number and amount of stock for each stockholder:

NAME	ADDRESS	SOCIAL SECURITY NUMBER	AMOUNT OF STOCK

**C. LIMITED LIABILITY COMPANIES** (If Delaware Registered Agents & Incorporators, LLC is to form your **limited liability company**, please fill out Section C.)

1. Manager/Members (will not appear on the certificate) [**Gold & Platinum Packages only**]

a. Management  Manager Managed  Member Managed (choose one)

b. Number of Managers: \_\_\_\_\_

i. Manager(s) Names:

\_\_\_\_\_  
\_\_\_\_\_

c. Number of Members: \_\_\_\_\_

i. Member(s) Names:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Date of dissolution (if desired) \_\_\_\_\_

**D. LIMITED PARTNERSHIPS** – (If we are to form your **limited partnership**, please fill out Section D.)

Name and Mailing Address of each General Partner (required for filing and must appear on certificate.) The General Partner must sign the Certificate of Limited Partnership. We will forward to you for signature once complete.

NAME	ADDRESS

**E. FORM SS-4 (Application for Taxpayer Identification) [For Platinum Packages-Corporations & Limited Liability Companies]** If we are to assist in completing a Taxpayer Identification Number Application for your company, the following information is also needed:

1. Name & Social Security # for the principal officer:

\_\_\_\_\_

2. County & State of Principal Place of Business: \_\_\_\_\_ County, \_\_\_\_\_

3. Last month of corporation's accounting year \_\_\_\_\_

4. First date wages were or will be paid \_\_\_\_\_

5. Est. peak number of employees in next 12 month \_\_\_\_\_

6. Short description of principal business activity \_\_\_\_\_

\_\_\_\_\_

7. Check **one** box that best describes the principal activity of your business.

- Health care & social assistance
- Wholesale-agent/broker
- Wholesale - other
- Rental & leasing
- Transportation
- Accommodation & food service
- Construction
- Retail
- Real Estate
- Manufacturing
- Finance & insurance
- Other (specify)\_\_\_\_\_

8. Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.

9. Has the company ever applied for a taxpayer identification number for this or any other business?

Yes  No