

CORPORATE QUESTIONNAIRE

TODAY'S DATE: _____

NAME OF CORPORATION:

Please choose 3 names for your Corporation, in order of preference (in case the 1st choice is already taken).

- 1. _____
- 2. _____
- 3. _____

- Select One:** Incorporation for a Florida Profit Corporation
 Florida Limited Partnership
 Florida Limited Liability Company

Is the corporation going to be: S-Corp C-Corp

How many shares will there be? _____ **Par value:** _____

What type of business? _____

What type of goods sold or services provided? _____

ADDRESS: Please provide the physical address as well as the mailing address for the corporation.

Physical (Florida) Address: _____

Mailing Address: _____

CONTACT INFORMATION:

Name: _____ Phone: _____

Email: _____

Social Security Number of Principal/Owner: _____

Contact referred by: _____

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3 O A R E A L E S T A T E L A W

TITLES FOR MEMBERS:

For Profit:

P = President
VP = Vice President

LLC:

MGR = Manager
AMBR = Authorized Member

PARTIES:

Please include a list of names, addresses, and contact information of any and all parties involved in the corporation including but not limited to Shareholders, Members, Officers, Directors, Managers, President, Vice President, etc.

NAME: _____ **TITLE:** _____

Address: _____ Email: _____

_____ Phone: _____

NAME: _____ **TITLE:** _____

Address: _____ Email: _____

_____ Phone: _____

NAME: _____ **TITLE:** _____

Address: _____ Email: _____

_____ Phone: _____

NAME: _____ **TITLE:** _____

Address: _____ Email: _____

_____ Phone: _____

NAME: _____ **TITLE:** _____

Address: _____ Email: _____

_____ Phone: _____

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