

Bhupendra S. Darji C.P.A., P.C.
Certified Public Accountant
6121 Oakbrook Parkway
Norcross, GA 30093

GEORGIA INCORPORATION REQUEST

TEL
 FAX

WWW.

CONTACT PERSON (FOR BILLING AND SHIPPING)		PHONE	PROFIT CORPORATION <input type="checkbox"/> CLOSE CORPORATION W/ BOARD OF DIRECTORS <input type="checkbox"/> CLOSE CORPORATION W/O BOARD OF DIRECTORS <input type="checkbox"/> PROFESSIONAL CORPORATION LICENSE NUMBER _____									
COMPANY (IF APPLICABLE)		FAX/E-MAIL										
ADDRESS (FOR BILLING AND SHIPPING)		HOW DID YOU FIND OUT ABOUT OUR SERVICE?	LIMITED LIABILITY COMPANY <input type="checkbox"/> SINGLE MEMBER <input type="checkbox"/> MEMBER MANAGED <input type="checkbox"/> ELECTED MANAGER <input type="checkbox"/> ALL POWERFUL MANAGER <input type="checkbox"/> CORPORATE STYLE W/SHARES									
CITY, ST, ZIP												
NAME OF CORPORATION	1ST CHOICE	2ND CHOICE	NON-PROFIT CORPORATION MANNER OF CHOOSING DIRECTORS <input type="checkbox"/> ELECTED DIRECTOR <input type="checkbox"/> SELF PERPETUATING BOARD TYPE OF NON-PROFIT <input type="checkbox"/> CHARITABLE, RELIGIOUS & EDUCATIONAL 501C3 <input type="checkbox"/> CIVIC LEAGUE 501C4 <input type="checkbox"/> BUSINESS LEAGUE 501C6 <input type="checkbox"/> HOMEOWNERS ASSOCIATION									
REGISTERED AGENT AND ADDRESS	COUNTY OF REGISTERED AGENT											
MAIN OFFICE ADDRESS	COUNTY OF MAIN OFFICE											
	NAME	ADDRESS	PR	VP	TR	SE	SH	DR	#	\$		
1ST PERSON												
2ND PERSON												
3RD PERSON												
4TH PERSON												
NUMBER OF AUTHORIZED SHARES	() 5,000 () 10,000 () _____	NAME OF BANK _____	PAR () \$.01 () NO PAR VALUE VALUE () \$1.00 () LEAVE BLANK () \$ _____									
NUMBER STOCK CERTIFICATES 1 TO 20? Y N		DID YOU RESERVE THE NAME WITH THE SECRETARY OF STATE? Y N (If so, please fax us your name reservation that you received from the State)										
INCLUDE YEAR OF INCORPORATION ON SEAL? Y N		DO YOU WANT TO RESERVE THE NAME WITH THE STATE? Y N (Fee is \$35.00)										