THE DOCUMENT PEOPLE QUESTIONNAIRE

California LIMITED LIABILITY COMPANY

1. NAME of **Limited Liability Company -** *The name **must** end with "LLC," "L.L.C.," "Limited Liability Company," "Limited Liability Co.," "Ltd. Liability Co." or "Ltd. Liability Company;" and **may not** include: "bank," "trust," "trustee," "incorporated," "inc.," "corporation," or "corp.," "insurer," or "insurance company."*

=> _____

2. The **AGENT for SERVICE of PROCESS -** *Print the name of the agent for service of process in the State you selected. The Agent for Service of Process is an individual or corporation - whether or not affiliated with the corporation - who MUST reside in California, designated to accept service of process if the corporation is sued.*

Name _____

Address _____

City _____

California Zip Code _____

3. Initial **CORPORATE ADDRESS**

Address _____

City _____

California Zip Code _____ *If you want, you can designate an alternate initial mailing address. Let us know if that's the case.*

4. Management ❒ One Manager

(check one only) ❒ More than One Manager

❒ All of the Members

5. Name of the person signing the articles _____

How to best reach you (not public record): E-mail _____

Tel. (_____) _____-_____

Please sign here ➔ _____

All answers are provided by me and I did NOT receive any legal advice from The Document People's staff"

Disregard any texts you might receive asking you to apply for a tax ID. That's a SCAM - and we will obtain one for your new company anyway.

COMPANY SET-UP

General information about the limited liability company

Briefly describe the main business carried out by the LLC:

_____

MEMBERS(S)

Information about who will own the limited liability company

%	Name	Will this person be a manager also?
_____	_____	☐ YES ☐ NO
_____	_____	☐ YES ☐ NO
_____	_____	☐ YES ☐ NO
_____	_____	☐ YES ☐ NO
_____	_____	☐ YES ☐ NO

Unless you tell us otherwise: - we will not list any capital contributions; - we will the corporate address for all members; - we will not list a CEO (LLC are not required, but can have one).

EMPLOYER IDENTIFICATION NUMBER (EIN / TAX ID #)

Name of Person applying: _____

Social Security Number: _____ - ___ - _____ **Please spell your name exactly as it reads on your SS card. Separate first, middle and last name with a dash**

Are you planning to hire any W-2 employees within the next 12 months? ☐ NO ☐ YES
If so, how many? _____ and when (MM/YY) _____/_____

Will this LLC be owned **solely** by two people **married to one another**? ☐ NO ☐ YES
If you answered **YES**, then *please answer the last question* in the box below.

IF the LLC is owned by Husband and Wife and you live in a community State like California, please ask your CPA/tax preparer to answer this question for you:

Under Revenue Procedure 2002-69, you have the option of treating the LLC as a multi-member LLC or as a single-member LLC. Please choose one of the following:

☐ We elect to be classified as a multi-member LLC

☐ We elect to be classified as a single-member LLC